Dr. Wells

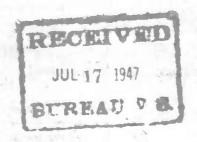
06333

CERTIFICA	ATE OF DEATH Reg. Diat. No	302		
1. PLACE OF DEATH: County Washington City or town Hagers 60 wn (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 1 Hour Hospital, institution, or street address where death occurred: Washington County Hospital How long in hospital or Institution? 1 Hour 3. (a) FULL NAME	State Maryland county Washington City or town Hagerstown (If outside city or town limits, write RURAL and give nearest town) Street No. 226 So. Mulberry St.			
FREDERICK EARL ANDREWS	214-09-6	806		
4. Sex S. Color or race 6.(a) Single, married, widowed, or divorced Married	MEDICAL CERTIFICATION DT 20. DATE DF DEATH JULY 13, 19. 47.	A 12;05		
5.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that f attended decease			
8. AGE: Years Months Days It less than one day 4.1 5 5 11hrs.	Open fractures of skull	2hrs		
9. Sirihplace Hagerstown, Washington Co. M. (Town, county, and state) 10. Usual occupation Silk Weaver 11. Industry or business Hagerstown Ribbon Co.	Due to	21113		
E 12. Name Fredrick A. Andrews 13. Sirthplace Hagerstown Md.				
14. Maiden name Mary Bowers 15. Sirthplace Hagerstowh Md.	(Include pregnancy within 3 months of death)			
16. Interment Fredrick Andrews Address Hagerstown Md.	Antopsy results. July 13'47 PHYSICIAN: Please underline the cause to which death should be charged sta	itistically.		
Burial (Burial, cremation, or removal, Which?) Cemetery or crematory Rose Hill Cemetery Location Hagerstown Md. 18. Funeral director Andrew K. Coffman Address Hagerstown Md.	Injured at home, farm, industry, public place (where?) 217 E AIXTI MENTAL MINN OVER head with inpulations? N DEPUTY AI 23. SIGNATURE WASK. M. D	State) ETAM S EDICAL EXA CO., NE		
19. (Date rec'd by registrar) Regist	Tran Address A.C. E.R.S.T.O. W. N., M.D. Date signed 7.	14/47		

MARGIN RESERVED FOR BINDING

UNFADING INK. Supply every item of information carefully. The correct age ant. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY VS A15



MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore

CERTIFICATE	OF	DEATH	
			_

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother) 1. PLACE OF DEATH: Maryland Maryland

How long in above place of death? 48 Hours Hospital, Institution, or street address where death occurred:

ash ington County Hospital

3. (a) FULL NAME

68

Laborer

11. Industry or business Victor Products Co.

12. Name Charles Barker
13. Sirthplace Berkeley Springs W. Va.

14. Maiden name Emily K. Place 15. Sirtholace Berkeley Springs W. Va.

18 Informant Mary gnidemiller

Berkeley Springs W. Va. Burial

Date thereof 7/21/47 (month) (day) (year) 17. (Burial, cremation, or removal, Which?) Cemetery or crematory Green Way Cemetery

Berkeley Springs W. Va. Andrew K. Coffman

Hagerstown Md.

Where did injury occur?(City or town)

County Washington How long in hospital or institution? 48 Hours MATHIAS N. BARKER 4. Sex 6.(a) Single, married, widowed, or divorced Male white Divorced S.(b) Name of husband or wife...... Carrie deceased (mo., day, yr.) June 15 1879 If less than one day 9. Birthplace Berkeley Springs Morgan Co. W. (Town, county, and atate)

20. DATE OF DEATH July 19 1947 19 3 5 21. I CERTIFY that death occurred on the date above stated: fhaf I attended deceased from

Main et.

auricular fibrillation Va. cardiac hypertrophy

Nodular benign goiter Due to geute ventrioular fibrillation

(Include pregnancy within 3 months of death)

Major findiags of operations.....

22. VIOLENCE: If death was due to external causes, fill in the following:

Injured at home, farm, Industry, public place (where?)

(Date recipity registrar)

Washington

Boonsboro

(If outside city or town limits, write RURAL and give nearest town)

(If rural, give LOCATION)

3. (b) Social Security Number

213-12-7195 MEDICAL CERTIFICATION

BINDING

information carefully. The correct ago of death clearly and legibly.

RESERVED FOR MARGIN

PLATALY is especial

PLEASE



WITH UNFADING INK. Supply every item of information careful important. Physicians: please write the causes of death clearly in

conrect age

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

06335

CERTITICA	Reg. Diat. No.
1/ PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County Washington Cily or town Hagerstown (If outside city or town limits, write RURAL and give neorest town) Street No. 56 Mealey Parkway (If rural, give LOCATION) 2.(a) If veteran, name war. 3. (b) Social Security Number
JOHN BARTHOLOMAEUS JR.	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male white Single	20. DATE OF DEATH July 10 1947 19 21 1 A M
MALLO MILLOO SINGLO	
8,(b) Name of husband or wife	2t. I CERTIFY that death occurred on the date above stated; that I attended deceased from 7 9 1947 10 1947 and that I last saw h Amailie on 7 1 0 1947
deceased (mo., day, yr.) July 9 1947	Immediate cause of death DURATION
8. AGE: Years Months Days If less than one day 16 hrs	stelestases
9. Birthplace Hagerstown Wash. Co. Md. Infant 10. Usual occupation.	Due to prevalenty
	Due to
11. Industry or business 12. Name	Other conditions
置 14. Maiden name. Josephine I. Traynor	(Include pregnoncy within 8 months of death) Major findings of operations
	Date of op
John Bartholomaeus Sr. Address Hagerstown Md.	Autopsy results
Burial 7/10/47 [Buriot, eremation, or removel, Which?] Cemetery or crematory Rest Haven Cemetery	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Location Hagerstown Md.	Injured at home, farm, Industry, public place (where?)
18. Funeral director. Andrew K. Coffman	Means of injury injured at work?
Address Hagerstown 4Md.	23. SIGNATURE) J. 33. M. D. or other
(Dote re'd by registrar) (Dote re'd by registrar) (Dote re'd by registrar)	4



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Chartes St., Baltimore

06336 Reg. Diat. No. 3025

CERTIFICATE OF DEATH

1. PLACE OF DEATH: County Washing ton	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
	State Maryland County Worcester
City or town Breathedsville (If outside city or town limits, write RURAL and give nearest town)	Stockton
How long in above place of death? 5 Months	City or town. Stockton (If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Sireet No.
Md. State Reformatory for Males	(Ifrural, give LOCATION)
How tong In hospital or institution? 5 Months	2.(a) If veteran, name war World War # 1
3. (a) FULL NAME	3. (b) Social Security Number
CHARLES BATES	Unable to Locate
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male Colored Divorced	20. DATE OF DEATH July 11 1947 19 21 3 P.
8.(b) Name of husband or wife Sarah	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	May (1947 to July 16 194)
7. Birth date of	and that I last saw h. Mrd. alive on fully (0 18 HZ)
deceased (mo., day, yr.) May 7 1895	Immediate cause of death DURATION
8. AGE: Years Months Days If less than one day	D A A
52 2 4hrsmin.	Julia Luter culores 6 mo.
s. Birthplace Bowling Green Caroline Co. Va.	Due ta
(Yown, county, and atate)	
to. Usuat occupation Laborer	Due to
†1. industry or business	
買 12 Name No Record	Other conditions
E t2. Name	
	(Include pregnancy within 3 months of death)
14. Maiden name No Record 15. Birthplace No Record	Major findings of operations
15. Birthplace No Record	Date of op.
16 informarFiles of Md State Ref. for Males	Autopsy results
70	PHYSICIAN: Please underline the cause to which death should be charged statistically.
	22. VIOLENCE: If death was due to external causes, filt in the following:
Remo val (Burial, cremation, or removal. Which?) (Burial, cremation, or removal. Which?)	Accident, suicide, or homicide
Cemetery or crematory Mt. Laws Cemetery	Where did injury occur? (City or town) (County) (State)
Location Philadephia. Delaware Co. Pa.	Injured at home, farm, industry, public place (where?)
18. Funeral director. Indrew K. Coffman	Means of injury Injured at work?
	PO 1 P 42 12111
Addigle Hagerstown Md.	23. SIGNATURE / O Key T/. Cowad UN
19 July (2, 1847 John W. Dash	Hage 12 True Med M. D. brother 2-12-47



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

93d

CERTIFICATE OF DEATH

06337 Reg. Dist. No. 306

City or town Smithsburg (If outside city or town limits, write RURAL and give nearest town)	(For newborn infants give residence of mother) Slate Maryland County Washington
How long in above place of death? 16 Years Hospital, Institution, or street address where death occurred:	City or town. Smithsburg (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3.(a) FULL NAME Lydia Alice Blickenstaff	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Female Whate Single	MEDICAL CERTIFICATION E.D. T 20. DATE OF DEATH JULY 5, 19 47 all:30A _M
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19
deceased (mo., day, yr.)	Immediate cause of death DURATION Vascular Aypertures DURATION
9. Birthpianr Myersville, Fred. Co. Md. (Town, county, and state) 10. Usual occupation. Domestic 11. Industry or business Own Home	Due to. Hume plegra 2 yrs Due to. Muya cardiles Due to. Muya cardiles Due to. Muya cardiles Due to. Muya cardiles
E 12. Name George W. Blickenstaff 13. Sirthplace Md.	Other conditions
14. Maiden name Mary E. Showe 15. Birthplace Md.	(Include pregnancy within 3 months of death) Major findings of operations. Oate of op.
16. Informant Mrs. Ray Cartee Address Smithsburg, Md.	Antopsy results
17. Burial Oate thereof July 8, 1947 (Burial, cremation, or removal, Which?) Cemetery or crematory Grossnickle's	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Location Nr. Myersville, Md.	Injured at home, farm, industry, public place (where?)
18. Funeral director. Paul F. Bittle Address Myersville, Md.	23. Station Robert Wells WAR CO. HA
19. Tuly 6 1947 Local Registrar	Address Hagarstown und Date signed up 6-4;

JUL 16 1947

in the way in

BRIDGE SECRETARION

PLEASE-WRITE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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06338

CERTIFICATE OF DEATH

- Dist No 302

	Keg. Diat. No.
1. PLACE OF DEATH: Washingtow	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town Hagerslawy	State Maryland, county Plashington
(If outside city or town limits, write RURAL and give hearest town)	City or town (If outside city of fown limits, write RURAL and give nearest town)
How long in above place of death?	115 31 4 9
665 Forest Dive	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME annie Sophia To	Broadus 3. (b) Sacial Security Number
4. Sea 5. Color or race 6.(a) Single, marry d, widowed, or divorced	MEDICAL CERTIFICATION
Timula Regio Widow	20. DATE DE DEATH 1947, 21
6.(b) Name of husband or wife Classic a. / Broadus	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
	1973 10 199
7. Birth date of deceased (mo., day, yr.) January 21, 1852	and that I last saw h alive on 1944. Immediais cause of death DMBATION
8. AGE: Years Morths Days If less than one day 5	Carebal Lambage 1 For
9. Birthplace St. James Wash Md.	
10. Usual occupation Housewake	Herasel attends cleum Holy.
11, industry or business	Due fo
12. Name Thillips Kee	Other conditions
13. Birthptace . and .	(Include pregnancy within 3 months of death)
E 14. Maiden name.	Major findings of operations
15. Birthplace St., Janles, Md.	Date of op.
16. Informant / Way / Carry / Cee	Autopsy results. PHYSICIAN: Please underline the cause to which death should he charged statistically.
Address	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?) Bate thereof (month) (day) (year)	Accident, sutcide, or homicide
Cometery or crematory Franklin Constany	Whera did injury occur?
Location Carlisle Va.	Injured at home, farm, Industry, public place (where?)
18. Funeral director Malliam & Downey	Means of injury Injured at work?
Address 29/ Fredrick st Hagerstown	BAN. 0
Charles and the state of the st	23. SIGNATURE M. D. or other
19. (Date rec'd by registrar) Registrar	1 1 1 1 7 G/V



he correct age

PLEASE WRITE PLAINLY, 1

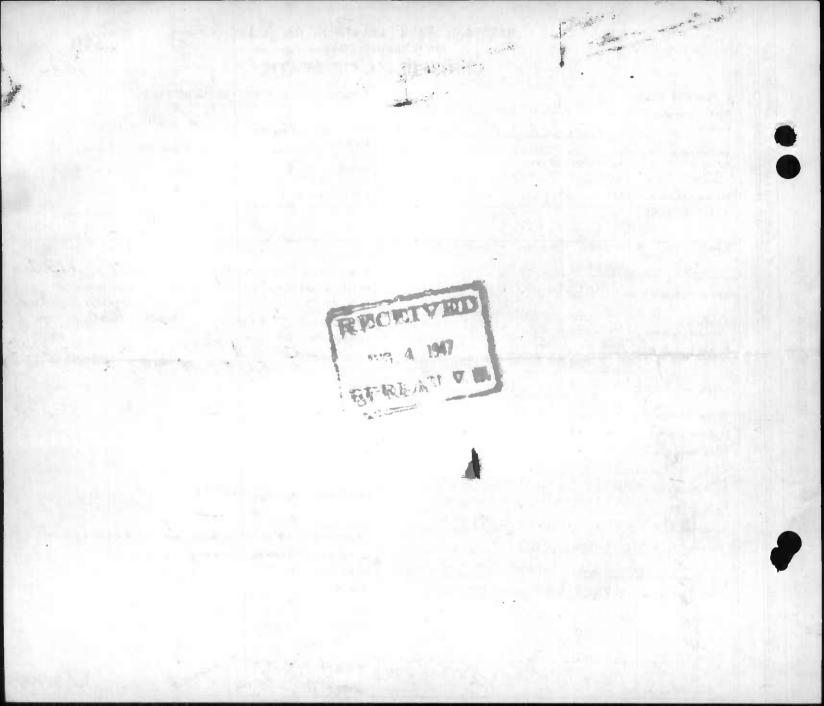
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

777 (16341) Reg. Dist. No. 1302

1. PLACE OF E	DEATH:		272	2. US	UAL RESIDENCE	(HOME) 0	F DECEASED		
County	Waranana.	ashingto)11	11	Maryland				n
City or townH.	agerstown	Maryle	and give nearest town)		10 m	PREATE LINE	7.0		
How look to above the	ace of death?30) vears	and Bive irearchy sowill,	City or	10wn. (If outside o	rstown ity or town limit	s, write RURAI	and give nes	reat town)
Hospital, Institution,	or street address where	death occurred:		Chant	No. 128 No	rth Loc	eust St	reet	
128 No:	rth Locus	t Street	J	Street	NO	(If rural, give	LOCATION)		
How long in hospital	l or institution?			2.(a) 1	f veteran, name war	•••••			
3. (a) FULL NA	ME						3. (b) Soci	al Security	Number
	Jame	s Adrian	n Buckingha	n			214-	09-76	73
4. Se1	5. Color or race		arried, widowed, or divorced		М	EDICAL C	ERTIFICA	TION	7-19-5
Male	White	Mari	ried	2D, DAT	E OF DEATH	July	3/	1947	6i50a.
6.(b) Name of husba	nd or wife Hat	tie B.	Buckingham	21. I C	ERTIFY that death occur	ped on the date abo	re stated; that-		
0,(0,,10,10,0)		6.(c) If	alive, give age 57	vears	nor. 7,	19.	0. 10.	my 1	197
7. Birth date of			1890	and tha	t t last saw h.	alive on	Jane	,	
deceased (mo., da	ears Months		It less than one day	Immed	ate cause of death	-1/2	1 5000		DURATION
O. AUL.	57 5	0.5	hrs	min	nerwow	wa ra	M Tar	4 1 1	דרון עטון
	-				- Ara	de Th	of lou	1	* *************************************
9. Birthplace	illiamspo	, county, and state	y Lamu	Due to			0		
48 Houst councile	Truck	Driver			Tales H	nnelis			5-2-4
11. Usuat occupaniu	ness J. W.	Myers &	& Co.	Due to					
₩ 40 N	George E.	Bucking	gham	Dibor o	anditions	,	•		*
12. Name	Westmin	ster. Ma	arvland	other C	UNUITIONS	•••••	••••		
						gnaney within 3)	
14. Maiden nat	meAIIIII	anow+	Monralond	Major	findings of operations.	non	<i>K</i>		
≥ 15. Birthptace	William		Maryland					e ot op	
16, Informant	Mrs. J	· A. Bu	ckingham	Autops	y results 10				
Address H	agerstown	. Marvl	and		CtAN: Ptense underlin				statistically.
				22. Vt	OLENCE: If death was				
(Buriat, eremat	1 tion, or removal. Which	Date thereot	8-2-47 (month) (day) (year		t, sulcide, or homicide.	\/		Date of	
Cemetery or cren	natory Rivery	iew Cem	etery	Where	did injury occur?	(Ofty or town)	(Col	into	(State)
	lliamspor			Injured	at home, farm, Industr	y, public place (w			***************************************
1B. Funeral directo	C. M. Su	ter & S	ons	Mesns	ot Injury	/ ^	Injured	d at work?	
	gerstown.			,	113 44	nink	1800	2	
aus		7 696	WH Brus	23. SI	GHATUPE ANY C	A	7.	M. D.	or other
19(Date rec'd by	registrar)		Regi	strar Addres	rogeral	our,	na	Date signed	July 31,14



VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

2411 N. Cha	rles St., Baltimore	
CERTIFICA	TE OF DEATH Reg. Diat. No.	52
1. PLACE OF BEATH to County County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infame frive residence of mother)	X E
(if outside city or town limits, write RURAL and give nearest town) Now long in above place or death?	City or town City or town limits, write RURAL and give nearest t	town)
Hashitala Institution or strey address where death occurred:	Street No. (Ifrorat, give LOCATION)	
3. (a) FULL NAME	2.(a) 11 veteran, name war	ber
4. Sex 5. Color of race 5. (a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	c:/3 ¥
6.(b) Name of husband or wife	2B. DATE DF BEATH	rom 47
7. Birth date of deceased (mo., day, yr.) Luly 5, 1947	and that I last saw h Anna alive on	DURATION
8. AGE: Years Months Days If less than one daymir	To my thought ast see	
9. Birthplace / tagerstown (homeston on Md. (Town/county, and state)	Due to.	
10. Usual occupation	Due to.	
12. Name Varia Taylor Capalier 13. Birthplace Charles Town Vest Va	Ultraction District Conditions (Include pregnancy within 3 months of death)	
14. Maiden name Hours Ball	Major findings of operations.	••••••
16. Informant David & Cavalier	Antopsy results.	ticatly.
Address A. 7. V. Market	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide	
Cemetery or crematory Constant Confession	Where did injury occur?	ite)
18. Funeral director	Injured at home, tarm, industry, public place (where?) Meane of injury Injured at work?	
19 July 12, 19 47 Bhapfflowers	23. SIGHATURE M. D. or other	er /



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VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

2411 N. Charles St., Baltimore

1. PLACE OF DEATH: County Washington City or town. Hancock (If outside city or town limits, write RURAL and give nearest town) Life How long in above place of death? Hospital, institution, or streel address where death occurred: Main Street	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County Washington City or town Hancock Md (If outside city or town limits, write RURAL and give nearest town) Streel No. Main Street (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME Pleasant Mecy Clever	ager None
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female White Widowed	2D. DATE DE DEATH July 7, 1947 19 21 P. M
6,(b) Name of husband or wife Amos O. Clevenger 6,(c) If allye, give age years 7. Birth date of deceased (mo., day, yr.)	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 10
8. AGE: Years Months Days If less than one day 25 Months 25 Months Months 25 Months Month	Immediate cause of death and Burgon Suppose seeing Millery
9. Sirinplace	Due to.
Ignatius Robey 12. Hame	Other conditions.
13. Birthplace Maryland	(Include pregnancy within 3 months of death) Major findings of operations
16. Informant Mrs. Madeline Smith Hancock, Md.	Antopsy results
Burial Date thereof July 10 1947 (Burial, cremation, or removal, Which?) Mt. Olivet Cemetery Cemetery or crematory.	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Location Near Hancock Route 40 W	Injured at home, farm, industry, public place (where?)
18. Funeral director Snyder-Rowland	Means of injury Injured at work?
Address Hancock, Md.	23. SIGNATURE It STORES WIR
19. 7-16 4 7 (Date rec'd by registrar) Registrar	Address Touck M. D. or other 144

correct age

Date rec'd by registrar)

MARYLAND STATE DEPARTMENT OF HEALTH

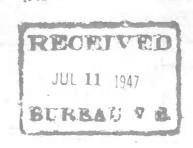
2411 N. Charles St., Baltimore

06343

Dr. Hornbaker

		CERTIFICA	IE OF DEATH	Reg. Dist. No	302
City or town	ington lagers town routside city or town line or street address where to ng ton Coun	nits, write RURAL and give nearest town) Day leath occurred: ty Hospital Day	2. USUAL RESIDENCE (HOME) Of (For newborn infants give residence of State	mother) (oty	rest town)
3. (a) FULL NAI				3. (b) Social Security 1	Number
	DAVID R	AYMOND COFFMAN		214-09-3	711
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL CI	ERTIFICATION	
Male	White	Married	20. DATE OF DEATH July 7,	19.47	2:30F
7. Birth date of deceased (mo., da)	Marri	11a Landis	21. I CERTIFY that death occurred on the date about 19. 19. 19. 19. 19. 19. 19. 19. 19. 19.	ove stated; that I attended decea 3 9 10 7	2 ed from - 7 19 4 7 - 7 19 4 7
9. Birthplace		ort. Washington Co.,		rdis vescule.	Mukus - at Ita 8 yrs -
11. Industry or busin	ness Coffm	an Lumber Co	Service and and		0
12. Name	eter Coff Fairpla	man y Md. ne Zittle	Other conditions (Include pregnancy within 3 major fieldings of operations.		
		Coffman:	PHYSICIAN: Please underline the cause to w	hich death should he charged	statisticalty.
Cemetery or crem	Hagerstow	Date thereof 7/9/47 (month) (day) (year) aven Cemetery n Md. K. Coffnan	tnjured at home, farm, industry, public place (w	(County) there?) Injured at work?	(State)
	1	114. 1/1/2 2000	23. SIGNATURE	M D	or other

Registrar



PLEASE WRITE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

Dr. Wells 06344

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: County Washington				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
City or town			URAL and give nearest town)	State Maryland county Washington			
How long in above place	How long in above place of death? 29 Years			City or town Hagers town (if outside city or town limits, write RURAL and give no			
Hospital, Institution, or	street address where	death occurred	:	street No. 424 Guilford Ave.			
				(If rural, give LOCATION) 2.(a) If veteran, name war			
-			***************************************				
3. (a) FULL NAM		THE A NEW	TITY COPPLEASE	3. (b) Social Security			
	5. Color or race		CLIN COFFMAN e, married, widowed, or divorced	214-09-4			
4. Sex	P. D. Dalli	A COLUMN		MEDICAL CERTIFICATION	EDT P		
Male	White	נת	vorced	20. DATE OF DEATH July 2 1947	4:45		
6.(b) Name of husband	or wife. L1	llian		21. I CERTIFY that death occurred on the date above stated; that I attended dec			
		6.(6	e) If alive, give age 46 years	19, to			
7. Birth date of deceased (mo., day,	Decem	ber 20	, 1900	aed fhat I last saw halive on			
8. AGE: Years		Days	if less than one day	Immediate cause of death	DURATION		
46	6	12	hrsmin.				
9. Birthplace	Painte	r	Virginia cting	Due to acute arsenic poisoning (Arsenic trioxide) Due to	3 hrs		
		Coffne	in	Dther conditions			
14. Malden name.	Allie Grove	Jenkir s Mill	va.	(tactude pregnancy within 3 months of death) Major findings of operations			
	rs. Isaa agerstow		man	Autopsy results	d statistically.		
			cot 7/4/47 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide, Suicide Date of .7. Where did injury occur? Hagerstown Wash (City or town) (County)	/2/47 • Md • (State)		
				Injured at home, farm, Industry, public place (where?)			
18. Funeral director	Andrew	K.Coff	man	Msans of Injury Poisoning Injured at work? DEPUTY	THE RESIDENCE OF THE PARTY OF T		
Address	Hagersto	wn Md.	1	23. SION Rolers 1 hells WA-4	ייייי וויייי		
Sick 4	1847 registrar)	-6×	astheoders Registrar	M. D	or other		

JUL 7 1947
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MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore

Br Ditto

06345

CEDTIFICATE OF DEATH

			CERTIFICAT	E OF DEATH	Reg. Dist. No	30g	
1. PLACE OF DEATH: County Washington				2. USUAL RESIDENCE (HOME) ((For newborn infanta give residence of			
City or town Hag	erstow	n limits, write R	URAL and give nearest town)	State Maryland co	with Washing:		
Hospital, Institution, or street address where death occurred: Wash. Cty. Hospital How long in hospital or institution?				Street No. 1137 Hamilton Blvd. (If rurel, give LOCATION) 2.(a) If veteran, name war			
3. (a) FULL NAME) Ab D-				3. (b) Social Security	Number	
Mrs. r	uth Pa	xton U	onner o, married, widowed, or divorced		none	-	
	white		arried	20. DATE DF DEATH JULY 6.	ERTIFICATION	at 5: 00	
6.(b) Name of husband or 7. Birth date of deceased (mo., day, yr.)		oyd D.	e) If alive, give age	21. I CERTIFY that death occurred on the date at	bove stated; that lattended dece	eased from	
8. AGE: Years	Months	Days	tf less than one day	Immediate cause of death		DURATION	
46	3	6	hrsmln.	Cerchel Xem	mlye	16 Th	
10. Usual occupation	House	wife	y Pa	Due to Hypuleus		216	
11. todustry or business 12. Name Ja 13. Birthplace HC	mes M.	Baxto	n	Dther conditions			
14. Malden name	Mary Ru	ssell Pa.		(Include pregnancy within 3			
				Autopsy results			
17. Buri		Date there?)	Cemetery	22. VIOLENCE: If death was due to external can accident, suicide, or homicide	Date of		
			Pa.	(City or town) Injured at home, farm, industry, public place (
				Maens of Injury	Injured at work?		
			man	61/1	×		
19. Date rec'd by regis	Hersto	yn, Md	EastMowers	23. SIGNATURE 20 Signature	10) M. D.	or other	
Date rec'd by regis	trar)		Registrar	Address Attach	Date signed.	1/47	

MARGIN RESERVED FOR BINDING

WITH UNFADING INK. Supply every item of information carefully important. Physicians: please write the causes of death clearly and l

PLEASE WRITE PL

A15 NS



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

159

06346

172

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Washington	
City or town Alagera All Courside city or town limits, write RURAL and give nesrest town)	state Mary land county washing lon
How long in above place of death? 3 2 day 5	City or town
How long in above place of death	(if outside city or town limits, write RURAL and give nearest town)
Washington County Hospital	Street No. (If rural, give LOCATION)
How long in hospital or institution? 3 2 day 5	
1	2.(a) If veteran, name wer
Baby Girl Crawford	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
female white single	1 0
	20. DATE OF DEATH. July 22 19.47 11.45/1
6.(b) Name of husbaod or wife	21. I CERTIFY thet, death occurred on the dete above stated; that I attended deceased from
	Delle 18 1947, 10 July VV 1941
7. Birth dete of years	end that lest sew here alive on July 21 194/
deceased (ma., day, yr.) duly 18, 1947 at foils par	Immediate cause of death DURATION
8. AGE: Years Months Days It less than one day	* O
3 2min.	Valentille
I I I I I I I I I I I I I I I I I I I	
9. Birthplace Washington County and states	Due to
10. Usual occupation.	
	Due to
11. Industry or business	
12 Name Frank C- Phillips	Other conditions
13. Birthplace weverlon, mary land	
14. Melden neme May Craw ford	(Iuclude pregnancy within 3 months of death)
	Major fladings of operations
15. Birthplace Voyce, Virginia	
16. Interment miss may crawford	Autopsy results.
	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Know ille, margland Boy 170 A	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal. Which?)	Accident, suicide, or homicide
(Burial, cremation, or removal, Which?) (month) (day) (year)	
Cemetery or crematory	Where did injury occur?
Location Hagerstown, me	Injured et home, farm, industry, public place (where?)
11 Oash Co Horsly 17	Means of Injury Injured at work?
18. Funeral director	Partiel 1
Address Spageralow Min	, Millian M. D
(Let 21 16) Phasthamara	23. SIGNATURE M. D. or other
19. (Date rec'droy registrar) Ragistrar	Address Quoriston Dato signed 7/2447



WITH UNFADING INK. Supply every item of information carefully. The important. Physicians: please write the causes of death clearly and legibly

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PLAINLY, vis especially

(Date rec'd by registrar)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Dr. Ditto 06347 Reg. Diat. No..

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of m State Maryland Couol City or town Hagers town (If outside city or town limits, Street No. 324 North Mulb (If rural, give L 2.(a) It veteran, name war	write RURAL and give nearest town) erry St.
3.(a) FULL NAME MRS. RACHAEL LOUISE GLADHILL		3. (b) Social Security Number none
fenale white %(a)Single, married, widowed, or divorced widow		RTIFICATION 4 19.47 21 8 A. D
5.(b) Name of husband or wife HENRY A. 5.(c) If alive, give age years	21. I CERTIFY that death occurred on the date above 22. I CERTIFY that death occurred on the date above 33. I CERTIFY that death occurred on the date above 34. I CERTIFY that death occurred on the date above 35. I CERTIFY that death occurred on the date above 36. I CERTIFY that death occurred on the date above 36. I CERTIFY that death occurred on the date above 37. I CERTIFY that death occurred on the date above 38. I CERTIFY that death occurred on the date above 39. I CERTIFY that death occurred on the date above 39. I CERTIFY that death occurred on the date above 39. I CERTIFY that death occurred on the date above 39. I CERTIFY that death occurred on the date above 39. I CERTIFY that death occurred on the date above 39. I CERTIFY that death occurred on the date above 39. I CERTIFY that death occurred on the date above 39. I CERTIFY that death occurred on the date above 39. I CERTIFY that death occurred on the date above 39. I CERTIFY that death occurred on the date above 39. I CERTIFY that death occurred on the date above 39. I CERTIFY that death occurred on the date above 39. I CERTIFY that death occurred on the date above 39. I CERTIFY that death occurred on the date above 39. I CERTIFY that death occurred on the date above 39. I CERTIFY that death occurred that death occurred the date above 39. I CERTIFY that death occurred the date above 39. I CERTIFY that death occurred the date above 39. I CERTIFY that death occurred the date above 39. I CERTIFY that death occurred the date above 39. I CERTIFY that death occurred the date above 39. I CERTIFY that death occurred the date above 39. I CERTIFY that death occurred the date above 39. I CERTIFY that death occurred the date above 39. I CERTIFY that death occurred the date above 39. I CERTIFY that death occurred the date above 39. I CERTIFY that death occurred the date above 39. I CERTIFY that death occurred the date above 39. I CERTIFY that death occurred the date above 39. I CERTIFY that death occurred the date above 39.	10 7-4-4719
deceased (mo., day, yr.) May 8, 1860	Immediate cause of death	
9. Birthplace HIGHFIELD, WASH, CO. MARYLAND (Town, county, and atate) Housewife 11. Industry or businese 22. Name Aaron Wantz 13. Birthplace Carlisle, Penn.	Due to	
14. Malden name Amanda Sterner 15. Birthplace Carlisle, Penn. 16. Informant Clarence Brezler	Majer findings of operations	Date of op
Address Hagerstown, Maryland 17 burial Date thereof July 7, 1947 (Burial, cremation, or removal Which?) (month) (day) (year) Cemetery or crematory Rose Hill Cemetary Location Hagerstown, Maryland 19. Funeral director Andrew K. Coffman	22. VIOLENCE: If death was due to external cause Accident, suicide, or homicide	Date of
Address Hagerstown, Maryland	23. SIGNATURE Ve PU SUN	4.7



FADING INK. Supply every item of information carefully. Physicians: please write the causes of death clearly and

age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

06348

CERTIFICATE OF DEATH

1. PLACE OF DEATH:			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County Washington		71 and	State Maryland county Washington		
City or town Hagerstown, Maryland (If outside city or town limits, write RURAL and give nearest town)		URAL and give nearest town)			
How tong in above place	of death?50	years	3	City or town (1f outside city or town limits, write RURAL and give nearest town)	
Mospital, Institution, or	on Count	death occurred:		Sireet No. Washington County Home	
Washingt	on count	A HOITE	<i></i>	(If rural, give LOCATION)	
How long in hospital or	institution?			2.(a) If veteran, name war	
3. (a) FULL NAME			3. (b) Social Security Number		
	Mel	chor S	. Hager	None	
4. Sex	5. Color or race	6.(a)Single	, married, widowed, or divorced	MEDICAL CERTIFICATION	1
Male	White	Wid	lower	20. DATE DE DEATH 18.47 21 3	P
6.(b) Name of husband	. Marg	aret A	A. Hager	21. CERTIFY that death occurred on the late above stated; that latiended deceased from	
6.(0) Name of nussand	OF WITE	- 4		June 24 1947, 10 July 1	9.4
7. Birth date of	N. a. m. a. m.) If alive, give ageyears	and that t last saw h. haraalive on	9.44.7
deceased (mo., day, y	r.) NOVELL	Det ve	у, 1005		ATION
8. AGE: Years		Days	If less than one day		
77		6	hrsmin.	Cardio-vascular 57	no
9. Birthplace Sha	dy Grove	, Pa.	tate)	Due to the al disease	/
1D. Usual occupation	T.ahore	ye	tate)		
10. Usual occupation		***************************************		Due to Chelral temorrhage Mar	194
11. Industry or busines	s D II			Cerebal Henoshage 1)	wha
12. Name				Other conditions.	*********
13. Birthplace	Shady G	rove,	Pa	(Include pregnancy within 3 months of death)	
置 14. Malden name.	Panama		-		
14. Malden name. 15. Birthplace 16. Informant	Shady (Frove.	Pa.	Major findings of operations	
Do	niel S	Hager		Autopsy results.	***********
				PHYSICIAN: Please underline the cause tu which death should be charged statistically	y
Address Hag	erstown,			22. VIOLENCE: If death was due to external causes, fill in the following:	
17. Burial	4	Date there	7-4-47 (month) (day) (year)	Accident, suicide, or homicide	
(Burial, cremation	, or removal. Which?				
			Cemetery	Where did injury occur?(City or town) (County) (State)	
Location	nkstown,	lary.	Land	Injured at home, farm, Industry, public place (where?)	
18. Funeral director	C. M. St	iter &	Sons	Means of Injury tnjured at work?	.0
Address Hag	gerstown,	Mary	land	the fall has	2)
11.1	- /-	, 119	est Hornework	23. SIGNATURE M. D. or other	
Date rec'd by re	5 , 19 4 / gistrar)	7	Registrar	Address 13820 Washington Date signed 7/3	2/4



MARYLAND STATE DEPARTMENT OF HEALTH CERTIFICATE OF STILLBIRTH

Reg. Dist. No.30/

A certificate must be filed within 24 hours for every still birth of 20 weeks' gestation or more (see stub)

	A certificate must be med within at hours for ever,	3 Sometimen at 20 weeks gestation of more (see stub)
1.	PLACE OF BIRTH:	2. USUAL RESIDENCE OF MOTHER:
	County Washington	State Maryland (6349)
	City or town Rural	County Washington
	(If outside city or town limits, write RURAL and give nearest town) Street address, hospital, or institution:	City or town
	Cleanarill	1 - 1 - 2/-
	Length of mother's stay in County	Street No. (If RUHAL give LOCATION)
3.	Name of child Infant Panuller	4. Date of birth pely 31 1947 Hour 51 30 P. M.
5.	Sex Fernele 6. Twin or triplet	7. No. of weeks pregnancy 24
	Full name John Welmas Hamelton	12. Full maiden name all Elizabeth Me Great
	Color	13. Color W 14. Age at time of this birth yrs.
11.	Usual occupation Wolder	15. Usual occupation touseuff
16.	Other children born to mother (not including present child)	: (a) How many children of this mother are now living?
		ad?
17.	Did child die before labor? ho During labor? ho	21. Cause of stillerth. Please be specific. For terms like
18.	Pregnancy, complications of	prematurity, asphyxia, etc., try to add cause thereof.
19.	Labor: (a) Complications of	(b) Maternal causes hathy nipped futer
	(b) Induced?	3 Colum
20.	(a) Was there an operation for delivery? (Yes or No)	22. I certify to the birth of this child who was born dead on the date and hour above stated.
	(b) State all operations, if any	M 111 40/16 201 H
	(c) Did child die before operation?	Signature (Specify if M. D., midwife, for other)
	During operation?	Address
	(a) Banual (b) Date thereoface 1947 (Burial, cremation or removal)	25. (a) aug 1-19 + (b) Mus talnuis Dogenha (Registrar)
94	(c) Cemetery or crematory. (a) Funeral directorus dhy then Delines tamela	26. (To be filled out if no physician was present at delivery.)
44.	(b) Address * Seeds for I was a seed of the seed of th	The above certificate has been examined by me.
	* See Instruction Con stub	Health Officer, per



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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	0	6	350	
Reg. Dist.	No		100	2_

2411 N. Charl	EPARTMENT OF HEALTH es St., Baltimore	350_
E CERTIFICAT	TE OF DEATH Reg. Dist. No	302
1. PLACE OF DEATH; County City or town (If outside city or town limits, write EURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State	
3. (a) FULL NAME	3. (b) Social Security	Number
Clifford Morting H	213-12-1	1214
4. Sex 5. Color or race (1.(a)Single, merried, widowed, or divorced	MEDICAL CERTIFICATION	
Male White Surale .	20. DATE OF DEATH July 7 19.47	7 at 5: 30 M
6.(b) Name of husband or wife	21. I CERTIFY that don't occurred by the date above stated; that I attended deco	
7. Birth date of	and that I last saw halive on	19
deceased (mo., day, yr.) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Immediate cause of death	. DURATION
34 6 9min.	Open fracture of skull	43hrs
	,,h	
9. Birthplace (Town, county, and state)	fracture (left femur)	***************************************
10. Usual occupation of moderate gardners	Due to closed	•••••••••••••••••••••••••••••••••••••••
11. Industry or business & . a . Strings Co.		***************************************
12. Name Haynes. 13. Birthplace Robustille Wash, Co. Ind.	Other conditions	* *************************************
	(Include pregnancy within 3 months of death)	
14. Maiden name. Durce & Calelman.	70	
15. Birthplace Canton Ilivora	Major findings of operations. Date of op.	
18, Informant Miss Martha & Daynes	Autopsy results. 740-14	
Address R Shows the md.	PHYSICIAN: Please underline the cause to which death should be charged	statistically.
17. (Burial cremation, or removal. Which?) Oate thereof (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident suicide, or homicide. Date of	12/47
Cemetery or crematory Street Street	Waere did injury occur?(City or town) (County)	(State)
Location Locust Drove md.	Injured at home, farm, Industry, public place (where?)	74
18. Funeral director Pura J. Bast & Sous	Means of proveed a work?	PLO-
Address Brown long md	W / 7 // 00	CO MO
July 8. UT Chasting overse	23. SIONALUAE	CO., MD.
19	Address Date stoned	2/2/42



FOR BINDING

MARGIN RESERVED

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The age is especially important. Physicians: please write the causes of death clearly and legibly.

FOR BINDING

MARGIN RESERVED

9-45-15M VS A15



MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore 172

CERTIFICATE OF DEATH

06490

1. PLACE OF DEATH: County County Near Harpers Ferry, W. Va. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: How long in hospital or institution?				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) W. Va. Jefferson City or town. Shenandoah Junction, (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war.		
3. (a) FULL NAME	Danie	el We	bster Hendricks	3rd	3. (b) Social Security	Number
	Dar	e to	endnicks			
4. Sex	5. Color or race	6.(a)Single	e, married, widowed, or divorced	MEDICAL CE	ERTIFICATION	EDT
Male	White	M	arried	20, DATE OF DEATH. Jul	y 29 19 47	10:30 H
S.(b) Name of husband	wife Marg	aret	Polhamus	21. I CERTIFY that death occurred on the date abo	ve stated; that I attended dece	ased from
onco, name or necessary		6.4	e) If alive, give age	19	, to	19
7. Birth date of	0-4-2-		h 1913.	and that I last saw halive on	***************************************	19
deceased (mo., day, yr	Months	Days	If less than one day	Immediate cause of death		DURATION
33	9	18			,	
9. Birthplace. Uvilla, West Virginia. (Town, county, and state)				Due to Suffocation by	drowning	
10. Usual occupation			-9 9.9	Due to	•••••	
11. Industry or business			chandise		••••••	
12. NameDa	niel Web Uvilla		Hendricks 2nd	Dther conditions		
	Sarah 'V			(Include pregnancy within 3 n		
14. Maiden name	Duffie			Major findings of operations		
Ci	lbert L.			Actorsy results. No	Date of op	
				PHYSICIAN: Please underline the cause to wh		statistically.
(Burlal, Cemetery or	urial Elmw	Date there	ah Junction On Aug. 2nd 1947 (month) (day) (year)	22. VIOLENCE: If death was due to external cau Accident, suicide, or homicide, Accide Where did intery occur? (Onty or town) Injured at home, farm, industry, public place (wh	Date of Ul	y 29 '47 u W. Va. (State) Ver
	Meli Charles	57. S	lider	Mans Atthory one 1- of out- hos	PEPUTY MED	CAL EXCUS.
19. Qug. 6. (Date rice'd by reg	19 47		Registrar	23. SIGNATURE FALLS WE Address Jagus town	M. D. 24 d Date signed	Sep 31 47

RECEIVED

- AUG 20 1947

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MARYLAND STATE DEPARTMENT OF HEALTH 932

CERTIFICATE OF DEATH

correct age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. In is especially important. Physicians: please write the causes of death clearly and legibly

MARGIN RESERVED FOR BINDING

VS A15

	52
	PARTMENT OF HEALTH a St., Baltimore 938
CERTIFICAT	E OF DEATH Reg. Diat. No. 30 4
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
How long in above place of death? Le Courred: Hospital, Institution, or street address where death occurred: Main Styee	(If outside city or town limits, write RURAL and give nearest town) Street No
How long in hospital or institution?	2.(a) If veteran, name war
C. O.T. ANNA Smith Huber	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
temale White Widowed	20. DATE DE DEATH 3 1847 21 10:00P.M.
6.(b) Name of husband or wife. George C. Huber	21. I CERTIFY that death occurred on the date above stated; that lattemped deceased from
7. Birth date of deceased (mo., day, yr.) Nov. 16. 1873	and that I last saw her alive on lily 2 19 47
8. AGE: Years Months Days It less than one day	Immediate cause of death
73 8 17hrsmin.	Chronic myocar ditio
9. Birthplace. Hancock Wash. Co., Md. (Town, county, and state)	Oue to
10. Usual occupation. House wife	Due to
11. Industry or business —— 12. Name — James R., Smith 13. Birthplace Pennsylvania	Other conditions.
M 1	(Include pregnancy within 8 months of death)
14. Maiden name Mariah A. Dawson	Major fiedings of operations.
16. Informant Mrs. Oscar Rash	Autopsy results.
Address Main St. Hancock, Md.	PHYSICIAN: Please underline the cause to which death should be charged stalistically.
17. Burial, cremation, or removal. Which?) Date thereof. July 5, 947. (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Cemetery or orematory St. Ihomas Epicopal	Where did Injury occur?
Location Hancock, Md	Injured at home, farm, industry, public place (where?)
18. Funeral director. Charles R. Bast	Meens of Injury Injured at work?
Address Hancock M. Weller 19. 2-3-49 19. 2-Bress of by registers 19. 2-3-49	23. SIGNATURE MALANCES MA M. D. or other Address Janes (1874)

JUL 7 1947

COPY SENT TO LOCAL REGIOT HAR NO. DATE 7/7/47

LAINLY, WITH UNFADING INK. Supply every item of information carefully. In correct age especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

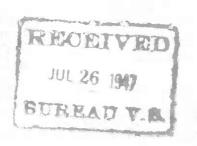
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

06353

eg. Dist. No. 30 2

					Trog. Disc. 11	
1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOM (For newborn infants give reside	IE) OF DECEASED:	
County Washington				Maryland	We also	
City or town. Hagerstown (If outside city or town limits, write RURAL and give nearest town)			State	County Washin	g.t.on	
How long in above pla	es of death? li	fe	over and give hearest town)	City or town	stown on limits, write RURAL and gi	To Poster town)
	or street address where	death occurred	***************************************	Street No. 131 Mc Co.	mag St.	ve hearest town)
Was	hington C	county	Hospital	Street No	ai, give LOCATION)	
	or Institution?			2.(a) If veteran, name war		
3. (a) FULL NA					3. (b) Social Sec	urity Number
	W:	illiam	Henry Jacobs		214-09-	1022
4. Sex	5. Color or race	6.(a)Single	, married, widowed, or divorced	MEDICA	L CERTIFICATION	N .
Male	White		Widowed	2D. DATE OF DEATH July	21, 1947 11	:00 P.M.
S (h) Name of bushoe	der wife Mar	v E. J	acobs	7		
				June 6	19.47 to 19.	14 19 47
7 Right date of) If alive, give ageye	and that I last saw h		19.54.7.
deceased (mo., day	y., Sept,			Immediate Ause of death	18	DURATION
8. AGE: Yea		Days	If less than one day	House Pan	coletins	Luke
72 7	10	4	hrs m	in,		.0
9. Sirthplace Hagerstown, Wash, Co. Md. (Town, county, and state)						***************************************
	(Town,			***************************************		
11. Industry or busing		••••••	1= 1	Due to		
		ohe		//	······································	2 412
	Washingto					
E E	Mary To	nanec	ker	. (Include pregnancy wi	ithin 3 months of death)	
E 14. Malden nami	e	ATE TIME		Major findings of operations		
₹ 15. 8irthplace	Washing	rton C	0. Md.	Acute	Daje of op.	•••••
14. Malden name Mary Longnecker 15. 8irthplace Washington Co. Md. 16. Informant Mrs. Wary E. Poffenberger				Antopsy results.	Parona 11/2	
Address 131 Mc Comas St. City				PHYSICIAN: Please underline the cans	e to which death should be ch	arged statistically.
Burial (Burial, cremation, or removal. Which?) Burial (Burial, cremation, or removal. Which?) Burial (month) (day) (year)				22. VIOLENCE: If death was due to exte		
(Burial, crematic						
Cemetery or crema	tory Rose	Hill	Cometery	Where did Injury occur?(City or	town) (County)	(State)
tocation Hagerstown, Maryland				Injured at home, farm, Industry, public pi		••••••
18. Funeral director. Fred W. Kraiss			Means of Injury	Mjured at work	?	
Address Hagerstown, Md.				Mare	Shool	nes!
Aule	2416	1/2	as HBouvel	23. SIGNATURE	1 y norman	I. D. op other
19. July 24:1947 Chastinowers (Note rec'd by registrar) Registrar				Address Sq W. Woods	engen of Bate si	ened //23/K



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

06354 Reg. Diat. No. 30 2

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother)	
County Washington	State. Let J. V. Later to the county	
City or town Hagerstown Maryland (If outside city or town limits, write RURAL and give nearest town)		
How long in above place of death? 54 years	City or town. HASCISTOWN (If outside city or town limits, write RURAL and give nearest town)	
Hospital, institution, or street address where death occurred:	Street No.	
Washington County Home	(If rural, give LOCATION)	
How long in hospital or institution? 15 minutes	2.(a) if veteran, name war	
3. (a) FULL NAME	3. (b) Social Security Number	
Wilbur A. Keller	220-18-1193	
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Male White Single	2D, DATE OF DEATH 19 19 19 19 19 21	
6.(b) Name of husband or wife	21. I CERTIFY that leath occurred on the date above stated; that I attended deceased from	
6.(c) If alive, give ageyears	and that I last saw hard alive on July 15 19 19 19 19 19 19 19 19 19 19 19 19 19	
w mi il 4-14	and that I last saw halfalive on Selly 5 18 4	
deceased (mo., day, yr.) May 21, 1882	Immediate cause of death	
8. AGE: Years Months Days It less than one day		
65 1 27hrsmin.	Chr. myocardial heart disease ?	
9. Birthpiace Middletown, Maryland	Due to	
(Town, county, and state)	mitral insufficiency	
1D. Usual occupation Tailor	Due to	
11. Industry or business	acute ventricular fibrillation	
E 12. Name Charles W. Keller	Other conditions	
12. Name Charles W. Keller 13. Birthplace Middletown, Maryland	(Include pregnancy within 3 months of death)	
14. Maiden name Sarah E. Cookerly		
E 14. malden name	Major findings of operations	
El 15. Birthplace Middle Town, Maryland	Date of op.	
14. Malden name Sarah E. Cookerly 15. Birtholace Middletown, Maryland 16. Informant Miss Ruth Keller	Autopsy results	
Address Hagerstown, Maryland		
Burial (Burlal, cremation, or removal. Which?) Date thereof 7-20-47 (month) (day) (year)	22. VIOLENCE: tf death was due to external causes, fill in the following: Accident, suicide, or homicide	
Cemetery or crematory Rose Hill Cemetery	Where did injury occur? (City or town) (County) (State)	
Hagerstown, Maryland	Injured at home, farm, industry, public place (where?)	
18. Funeral director. C. M. Suter & Sons	Means of tnjury Injured at work?	
Hagerstown Maryland	Shilled hoods his	
Address Addres	23/ SIGNATURY & Policy Walls M. D.	
19 July 19 1847 CHORFT Lowe	Marchen med alighe	



PLEASE WRITE

NS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

06355

CERTIFICATE OF DEATH

1. PLACE OF DEATH: County				CLIC		Reg. Dist. No.
City or town. Its control of the con	1. PLACE OF DE	ATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:
City or town. Interest the control of the control o	County			o <u>n</u>		(For newborn infants give residence of mother)
(if couside city or town limits, write RURAL and give nearest town) Roy long in above place of schilt. So JABATS Royslid, Institution, or circuladers where death occurred: Washington County Hospital Row long in above placified in entitution? 1 Week Annie Elizabeth King Annie Elizabeth King Annie Elizabeth King Annie Blizabeth King Annie Bl	City or lown Hagerstown, Maryland			yland		State Marviand County Washington
New John Stratistics, or street address where death occurred: Washington County Hospital New long in absplit of institution? 1 Week 3. (a) FULL NAME Annie Elizabeth King 4. See S. Solier or race Lossingto, married, vistowed, or directed White Married 6. (b) Name thusband or wite. Isaac King S. (c) Hallen, give age 62 January 12 1874 8. AGE: Var: Mossins Days ' If less than one day 73 6 9 John Maryland (Town, county, and data) 10. Usual occupation. Housewife 11. Industry or business 12. Name Blizabeth Schmidt 13. Birthplace Cumberland, Maryland 14. Madden name. Elizabeth Schmidt 15. Birthplace Germany 16. Birthplace Germany	(If outside city or town limits, write RURAL and give nearest town)			URAL and give ner	rest town)	Hagerstown
Washington County Hospital Week	How long in above place	e ot death?	yeai	rs		(If outside city or town limits, write RURAL and give nearest town)
Annie Blizabeth King Annie Blizabeth Schmidt Maryland But ta Maryland Annie Blizabeth Schmidt Annie Blizabeth Schmid	Hospital, Institution, or	r etreet address where d	eath occurred	manitol		Street No.
3. (a) FULL NAME Annie Blizabeth King 5. Color or race Female White Married 5. (c) Name of hurband or wite. I Saac King 6. (c) Halve, give age. 5. (c) Halve, give age. 5. (c) Halve, give age. 6. (d) Halve, give age. 6. (e) Halve, give age. 7. Birih date of deceased (mo., 4sy, rr.) 7. Birih date of germany 10. Usual ocception. 10. Usual ocception. 11. Industry or business 12. Name. John. Wiebel. 13. Birhplace Cumberland, Maryland 14. Madea name. Elizabeth Schmidt 15. Birhplace Cumberland, Maryland 16. Informant. 18. Age: Years 18. Age: Years 19. Due to. 11. Informant. 18. Age: Years 19. Due to. 19. Due to. 11. Informant. 18. Age: Years 19. Due to. 19. Due to. 11. Informant. 18. Age: Years 19. Due to. 19. Due to. 11. Informant. 18. Due to. 19. Due to. 19. Due to. 11. Informant. 18. Due to. 19. Due	Washing	crom comm	i.Q.IIV _{a.} s	z.h.T.n.a.T		(If rural, give LOCATION)
Annie Elizabeth King 4. 3ex S. Color or race	How long in hospital o	r institution?	L weel	<u> </u>	•••••••	2.(a) If veteran, name war.
# Sea S. Color or race B. (a) Single, married, widowed, or diverced Married # Semale White Married # Serial S. (b) Name of housband or wite ISARC KING # Secared (mo., day, yr.) ISARC KING # S. AGE: Vears Menhis Days If less than one day # S. Birthplace Cumberland Maryland # S. Withplace Cumberland Maryland # 12. Name John Wiebel # 12. Name John Wiebel # 13. Birthplace Cumberland Maryland # 14. Maiden name Elizabeth Sehmidt # 15. Birthplace Germany # 15. Informant ISARC KING # Hagerstown Maryland # 17. Burial Cemetery or removal. Which? # Date hereot. T. 24 - 47 # (Borial, cremation, or removal. Which?) # Cemetery or removal which? # Date hereot. T. 24 - 47 # (Borial, cremation, or removal. Which?) # Cemetery or removal which? # Date hereot. T. 24 - 47 # (Borial, cremation, or removal. Which?) # Cemetery or removal which? # Can be the death was due to external causes, fill in the tollowing # Towns definity or builder, or bound # Towns definity or builder, was due to external causes, fill in the bollowing # Towns definity or builder,	3. (a) FULL NAM	E				3. (b) Social Security Number
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JUL 25 1947

ATERO CONTROL DATES

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MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore

06356 B

CERTIFICAT	E OF DEATH Reg. Diat. No.
1. PLACE OF DEATH: County Washington City or town Hagerstown (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 2. Weeks Hospital, institution, or street address where death occurred: Washington County pospital How long in hospital or institution? 2. Weeks	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Penna County Franklin City or town Greencastle (If outside city or town limita, write RURAL and give nearest town) Street No. 49 So. Carlisle St. None 2.(a) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Fred. L Kuhn	162-22-2108
4. Sex 5. Color or race 6.(d) Single, married, widowed, or divorced Male White Single	MEDICAL CERTIFICATION 2D. DATE OF DEATH. July 24 1947 19 17 40 M
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 7/8 1947, to 7/7.5 19.47, and that I last saw h. LLLL alive on 7/5.19.47
8. AGE: Years Months Days It less than one day 64 6 12 hrsmin.	Immediate cause of death Rearked Lypnestrophie frotritio & Carro (?) Entero col: his
S. Birthplace Greencastle Franklin Co. Pa. (Town, county, and state) 10. Usual occupation. Machinist 11. Industry or business Leiter & Kuhn Imp. Co. 12. Name Samuel F. Kuhn 13. Birthplace Greencastle Pa.	Due to
14. Maiden name Margaret P. Lesher 15. Birthplace Waynesboro Pa.	(Include pregnancy within 3 months of death) Major findings of operations
Address Greencastle Pa. Burial Date thereot (Month) (day) (year)	Autopsy results. Sandia. A surve (no Ca or The) PHYStCIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: It death was due to external causes, fill in the tollowing; Accident, suicide, or homicide. Date of
Cemetery or crematory Cedar Hill Cemetery Location near Greencastle Pa. 18. Funeral director A.E. Minnich	Where did Injury occur?
Address Greencastle Pa.	(1)
19 (Date rect) by registrar) Registrar	23. SIGNATURE John String Jon of D. Or other John M. D. or other 7/26/1.



The correct

information carefully. The cof death clearly and legibly.

1. PLACE OF DEATH:

coun Washington

How long in hospital or institution?.....

3. (a) FULL NAME

Male

deceased (mo., day, yr.)

10. Usual occupation.....

11, industry or business

(Date rec'd by registrar)

8. AGE:

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

M. D. or other

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother) state Maryland county Washington City or town Hagers town R#4
(If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 40 Years Hospital, Institution, or street address where death occurred: Cearfoss Pike Cearfoss Pike (If rural, give LOCATION) None 3. (b) Social Security Number DAVID LESHER LONG None MEDICAL CERTIFICATION White Married 20. DATE OF DEATH July 16 19 47 at 7:15A M 5.(b) Name of husband or wife Clara Etta Long 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 29.1871 DURATION If less than one day s. Birthplace Downsville, Washington Co., Mdl (Town, county, and state) Farmer Retired Joseph Rowland Long

13. Birthplace Fairplay Md. (Include pregnancy within 3 months of death) Elizabeth Lesher Major findings of operations..... Clearspring Md. 16. Informant Kenneth Long PHYSICIAN: Please underline the cause to which death should be charged statistically. Hagerstown Md.R#4 22. VIOLENCE: If death was due to external causes, fill in the following Date thereof...7/18/47 (month) (day) (year) Accident, suicide, or homicide... Where did Injury occur? Cemetery or crematory Rest Haven Cemetery (Olty or town) Location Hagers town Md. Injured at home, farm, Industry, public place (where?) Andrew K. Coffman Hagerstown

FOR BINDING MARGIN RESERVED

WRITE

JUL 19 1947
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MARGIN RESERVED FOR BINDING

WITH UNFADING INK. Supply every item of information carefully. The cimportant. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, Is especially VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

Dr. Conrad 06358

		CERTIFICAT	TE OF DEATH Reg.	. Dist. No. 308
ow long in above place cospital, institution, or Md. Sta.	gg ton ea theds vi atside eity or town lim of death? 10 street address where de	atery for Males	2. USUAL RESIDENCE (HOME) OF DECEASE (For newborn infants give residence of mother) State	AL and give nearest town)
. (a) FULL NAME				ocial Security Number
	OVER LOVE			ble to locate
Nale	5. Color or race Colored	6.(a)Single, married, widowed, or divorced Divorced	MEDICAL CERTIFIC 20. DATE DE DEATH	
	•••••		21. I CERTIFY that death occurred on the date above stated; the	July (3 19 4)
D. Usual occupation 1: industry or business	Laborer	Cabarrus Co. N. Car punty, and state)	Due to.	
12. Name		N. C.	Bither conditions	neth)
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		y, N. C.	Injured at home, farm, industry, public place (where?)	
Address F	Andrew Hagerston		23. SIGNATURE OF LOT LO Address Hagenstown, Mc	M. D. or other Date signed 7-14-47



WITH UNFADING INK. Supply every item of information carefully. The correcting important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLANLY, is especially

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

06359

Dr. Lusby

CERTIFICAT	E OF DEATH Reg. Diat. No. 302		
1. PLACE OF DEATH: County Washington City or town Hagerstown (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: 14 Glenside Ave How long in hospital or institution? 19 Years	State Maryland County Washington City or town (If outside city or town limits, write RURAL and give nearest town)		
3. (a) FULL NAME MRS MARY LUCRETIA LUTHER	3. (b) Social Security Number N Be		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Female White Widow	MEDICAL CERTIFICATION 20. DATE DF DEATH July 19, 19, 47 21 10: 30		
8. (b) Name of husband or wife George W.s. S. (c) If alive, give age years S. (c) If alive, give age years 1. Birth date of deceased (mo., day, yr.) November 20 1863 8. AGE: Years Months Days If less than one day 83 6 29hrs. min.	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. 47. to 9. 48. 19. 47. and that I last saw h. 27. alive on 19. 47. Immediate cause of death Over Solembic Cashin Vascular Assess 10.48.		
9. Birthplace Beaver Creek, Washington Co, Mo (Town, county, and state) 10. Usual occupation Housewife. 11. Industry or business Own Home	Due to		
12. Hame Jacob S. Huyett 13. Birthplace Beaver Creek Md. 14. Malden name Lucretia Hildebrand 15. Birthplace Beaver Creek Md.	Other conditions		
18. Informant Mr. Frank Luther Address Hagerstown Md. 17. Burial Date thereof 7./21/4.7 (month) (day) (year) Cemetery or crematory Rose Hill Cemetery Location Hagerstown Md. 18. Funeral director Andrew K. Coffman Address Hagerstown Md. (Date fee'd by registrar) 19. (Date fee'd by registrar)	Autopsy results PHYSICIAN: Please underline the cause tu which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide		



PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

	Reg. Dist. No		
1. PLACE OF DEATH:	2. USUAI. RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County	(For newnord missis give residence of mother)		
City or town	State County		
How long in above place of death?	City or lown		
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)		
Alatin at east and of Hancon, my	Street No.		
	(If rural, give LOCATION)		
How long in hospital or institution?	2.(a) 11 veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
Unknown Male Child m-C	arte		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Female White Single	Between July 31'47 and Aug. 1'47		
/ bingie	20. DATE DF DEATH		
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
C (a) Matter also as	19		
7. Birth date of	and that I last saw halive on		
deceased (mo., day, yr)	Immediate sause of death DURATION		
8. AGE: Years Months Days If less than one day			
hrsmin.	suffocation by strangualtion		
	4		
9. Birthplace(Town, eounty, and state)	Due to the bliest col was wagged		
	around necks to times		
1D. Usual occupation.	Due to. L7/10/47 ah		
11. tndustry or business			
12. Name Gerala J. Mentner	Diher conditions		
12. Name Herald T. Montger 13. Birthplace Needmare, Pa	y		
	(Include pregnancy within 3 months of death)		
# 14. Maiden name Dorothy mcCarty	Major fiediogs of operations		
15. Birthplace Hancock, Tha.			
	Bate of op.		
16. Informant	Actorsy result AS ab ove Aug/2/47 PHYSICIAN: Please underline the case to which death should be charged statistically.		
Address	100000000000000000000000000000000000000		
Burial August # 10	22. VIOLENCE: ti death was due to external causes: till in the following:		
Burial Bale thereof August 194 (Burial, cremation, or removal, Which?) Bale thereof August (month) (day) (year)	Accident, suicide, or homicide. A Classical Date of State Lat		
Cemelery or crematory Bellevue Cemetery	Where did injury occur? Unknown (County) (State)		
	(City or town) (County) (State) Injured at home, farm, industry, public place (where?)		
Location Hagerstown, Md.	Means of injury Strangled thjured at work? No		
18. Funeral director Fred W. Kraiss			
Address Hagerstown, Md./	23. SIGNATURE I Kokes + Well's WASIN CO., MD.		
Aug S. 147 POLLADAR MICHAI	23. SIGNATORIO / CO., MO.		
19. (Date rec'd by registrar) Registrar	Address Hagenteen, Ml. Date signed /4/47		
	And the same of th		



I. PLACE OF DEATH:

Dr. Ditto

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

Reg. Dist. No.

FILM No. G 111 AUG 1 - 1947 CERTIFICATE OF DEATH

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother) State Maryland county Washington City or town Hagerstown R# 1
(If outside city or town limits, write RURAL and give nearest town) Beaver Creek (If rural, give LOCATION) None 2.(a) If veteran, name war..... 3. (b) Social Security Number None

MEDICAL CERTIFICATION

County Washington City or town Hagers own R# 1
(If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 43 Years Hospital, institution, or street address where death occurred: Beaver Creek How long in hospital or institution?.... 3. (a) FULL NAME MRS EMMA ROBERTS MCCAULEY 5. Color or race 6.(a)Single, married, widowed, or divorced Widowed Female White 6.(b) Name of husband or wife. Harvey 7. Birth date of November 13, 1872 deceased (mo., day, yr.) If less than one day Hagerstown, Washington Co. Md Housewife In Ilsual occupation..... Own Home 11. Industry or business John H. Hebb Sharpsburg Md. t4. Maiden name Mary Seiss Sharpsburg Md. ts informant Mrs Catherine Hoover Williamsport Md. Address Cemetery or crematory Christian Church Cemetery Location Beaver Creek Md. Andrew K. Coffman

20. DATE OF DEATH July 16 19 47 at 3 A M 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

(Include pregnancy within 3 months of death)

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: It death was due to external causes, till in the following;

Accident, suicide, or homicide.....

Major findings of operations.....

Where did Injury occur?(City or town)

Injured at home, tarm, Industry, public place (where?)

Means of Injury

SE WRITE

information carefully of death clearly and

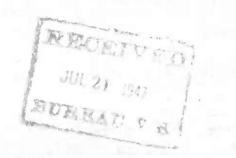
BINDING

FOR

MARGIN RESERVED

Hagerstown Md. (Bate rec'd by registrar)

Date signed



PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

06361

Reg. Diat. No. 30 >

1. PLACE OF DEATH. County Hagerstown City or town (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: Washington County Hospital How long in hospital or institution? 13 days			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Naryland State Washingtor City or town Hagers town (If outside city or town limits, write RURAL and give new 755 Guillord Street No. (Ifrural, give LOCATION) 2.(a) It veteran, name war.	rest town)
3. (a) FULL NAME			3. (b) Social Security	Number
		Miller		-
4. Sex 5. Color or race		e, married, widowed, or divorced	MEDICAL CERTIFICATION	
Female White	Ma	rried	2D, DATE DF DEATH	3.15P
6.(b) Name of husband or wite	ıy W. M	liller 57	21. I CERTIFY that death occurred on the date above stated; that I attended dece	ased from
7. Birth date of Marc		c) It alive, give ageyears	and that I last saw h. C.F. alive on	
deceased (mo., day, yr.) 8. AGE: Years Months		If less than one day	Immediate cause of death	DURATION
57 3		hrs min.	ante coronny relusion	2 who(?)
10. Usual occupation.	vn. county, and ouse Wi w n Hom	atate) fe	Due to Due to Dither conditions Toia Or two meditions	4 yn-
14. Maiden name Ann R	odenhiz town	Md.	Dither conditions October Conditions October Conditions October Conditions October Conditions Major findings of operations Date of op.	
16. Informant Guy W. Address Hagerst	Willer own Md.		Autopsy results. See a Content of the Charged PHYSICIAN: Please underline the cause to which death should be charged	statistically.
Burial (Burial, cremation, or removal, Which?) Cemetery or crematory Hagerstown Location Scott F. Minnich & Son 18. Funeral director. Bate thereof. 7-22-47 (month) (day) (year) (month) (day) (year)			22. VIOLENCE: It death was due to external causes, till in the following; Accident, suicide, or homicide	(State)
Address Hagerst		East Rowers	23. SIGNATURE to hu SV I tom baket A 15 4 W. Washington Fr. M. D. Address. I tagress to wee hid Date signed.	of other



MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

	rles St., Baltimore 1318	V 0 - 1
CERTIFICA	TE OF DEATH	Reg. Dist. No302
1. PLACE OF DEATH: County i Washing ton City or town Hagers town (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 52 Months Hospital, Institution, or street address where death occurred: Washing ton County Hospital How long in hospital or institution? 52 Months	City or town Hagers to we (If outside city or town line 220 E. Anti	OF DECEASED: of mother) County Washington mits, write RURAL and give nesrest town) e tan St. give LOCATION)
3. (a) FULL NAME		3. (b) Social Security Number
Miss Florence Caroline Mille:	r	None
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL	CERTIFICATION
Female White Single	20. DATE OF DEATH July 34	19. 47 at 1: 25A
6.(b) Name of husband or wife 6.(c) If alive, give age yea 7. Birth dats of deceased (mo., day, yr.) August 23, 1879	and that I last saw h.e.salive on	1948, to 24 Jah 1947 3 Saly 1947
8. AGE: Years Months Days It less than one day 67 11 1 hrs	Immediate gause of death	Nie 10 MM
9. Birthplace Rocky Ridge, Fredrick Co. Md. (Town, county, and state) 10. Usual occupation Private Nurse 11. Industry or business E	Oue to	
15. Birthplace Rocky Ridge Md.		
To the Second Se	Autonay rospits	
Address Emmitsburg Md. 17. Burial Date thereof 7/26/47 (month) (day) (yesr) Cemetery or Mt. Tabor Luthern Cemeter) Location Rocky Ridge Md.	Where did injury occur?(City or tow	Date of (State) (County) (State)
18. Funeral director Andrew K. Coffman Address Hagerstown Md.	Mesens of Injury	Injured 29 work?
(Data Je'd by registrar) 19 47 Shalff Bower Registr	Address 2 30 m R towas	M. D. or other Date signed 23 July V

(L) MARGIN RESERVED FOR BINDING VS A15



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. T

rect age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Rog. Dist. No. 302

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Maryland State		
How long in above place of dealin? How long in above place of dealin? Hospital, institution, or street address where death occurred: Wash County Hospital How long in hospital or institution? 1 day	City or town Rural Hancock, Md. R D 2 (If outside city or town limits, write RURAL sud give nearest town) Millstone Dist. Street No. (If rural, give LOCATION) 2.(a) If veleran, name war.		
3. (a) FULL NAME	3. (b) Social Security Number 220-09-9193		
Bruce James Mills Sr. 4. Sex Male Solor or race Married, widowed, or divorced Married	MEDICAL CERTIFICATION D.S.7. 2D. DATE OF DEATH July 7, 1947 1910:20 A.		
8.(b) Hame of husband or wife Lulu Irene Mills 5.(c) If alive, give age years 7. Birth date of deceased (mo., day, yr.) April 17, 1898	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 1947 and that I last saw h 222 alive on 44 A Y 1947		
8. AGE: Years Months Days If less than one day 49 2 20	Immediate cause of death CEREBROL DCCIDENT SITE UNDETERMINED 48hrs.		
9. Birthplace Washington County. Md. 16. Usual occupation Employee of 11. Industry or business Auto Salvage Co.	Due to. H. YPERTENSINE CARDIO VASCULAR DISEASE Due to. H. YPERTENSINE CARDIO VASCULAR DISEASE Due to. H. YPERTENSINE Due		
12. Mama. John H. Mills 13. Birthplace Washington County, Md. 14. Maiden name. Ella Bridendolph 15. Birthplace Washington County, Md. 16. Informant. Mrs. Lulu I. Mills	(Include pregnancy within 3 months of death) Major findings of operations. Date of op. Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.		
Address Hancock, Md. RD 2 17 Burial (Burial, cremation, or removal, Which?) Cemetery or cromatory. Stone Bridge Cemetery	22. VIOLENCE: If death was due to external causes, fill in the tollowing: Accident, suicide, or homicide		
Hancock, Md. Rural 18. Funeral director Snyder-Rowland Address Hancock, Md.	Injured at home, tarm, Industry, public place (where?) Meens of Injury Injured at work? 23. SIGNATURE. M. D		
19. (Date rec'd by registrar) Registrar	Address Clear Spring md Date signed 7-9-47		

JUL 11 1947
BUREAU V &

This is the day than a

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

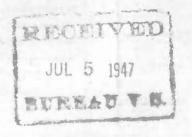
CERTIFICATE OF DEATH

06364

830

Reg. Diat. No. 302

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newhorn infants give residence of mother) State Maryland County Washington City or town Hagerstown (If official city or town limits, write RURAL and give nearest town) Street No. 228 Winter Street (If rural, give LOCATION) 2.(a) It veleran, name war.
Cassie Mort	None
Female White Widowed or divorced	20. BATE OF BEATH. 20. BATE OF BATE OF BEATH. 20. BATE OF BATE
8.(b) Name of husband or wife Issac Mort. 7. Birth date of deceased (mo., day, yr.) July 30, 1857	21. I CERTIFY that south occurred on the data above stated; that I attended deceased from 19
8. AGE: Years Months Days It less than one day 2hrs. min.	ander I Thompson 2 Days
9. Birthplace Centerville, washington, Penna. (Town, county, and state) 10. Usual occupation. Housewife 11. Industry or business Housekeeping	Due to
Thomas Horton 12. Name. Thomas Horton 13. Birthplace Washington county, Penna. 14. Malden name. Mary Rogers	Other conditions
14. Malden name Mary Rogers 15. Birthplace Washington county , Penna. 16. Informant Mr. Ernest Highberger Address 232 Winter St. Hagerstown, Md.	Antopsy results
17 Burial (Burial, cremation, or removal, Which?) Cemetery or crematory Mountain View Cemetery	22. VIOLENCE: If death was due to external causes, fill in the tollowing: Accident, suicide, or homicide
Location Sharpsburg, Maryland	(City or town) (County) (State) Injured at home, farm, Industry, public place (where?)
18. Funeral director Mrs. Edith V. Leaf Address Williamsport, Maryland 19. Leaf J. 19 47 Chashaful Registrar) Registrar	23. SIGNATURE M. D. or other Address A. D. A.



PLEASE WRITE PLANILY, is especially

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

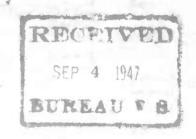
93d

Dr. Ditto U6491

CERTIFICATE OF DEATH

Reg. Dist. No. 303

1. PLACE OF DEATH:					2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
County Washington								
City or town. Hagers town R #2 (If outside city or town limits, write RURAL and give nearest town)					state Maryland county Washington			
How long In above place	of death?	Month	ıs		City or town Hagers town R#2 (If outside city or town limits, write RURAL and give nearest town)			eareat town)
Hospital, Institution, or	street address where	death occurred	:	***************************************	Street No. Huyetts Crossroads			
Huyett	<u>s</u>				(1f rural, give LOCATION)			
How long in hospital or institution?					2.(a) If veteran, name war			
3. (a) FULL NAME					3. (b) Social Security Number			
THE RESIDENCE	MRS A	NNIE 7	/ICTORIA	MYERS	None			
4. Ser	5. Color or race 6.(a)Single, married, widowed, or divorced				MEDICAL CERTIFICATION			
Female	White	V	Widowed 20.		2D. DATE DF DEATH	July 2	194	7 8:15P
6.(b) Name of husband	Har	vev A.	Myers		21. I CERTIFY that death occurred on the date above stated; that I attended deceased from			
6.(0) Maine of Nusbana			c) If alive, give age			1- 476		2-47
7. Birth date of				years	and that I last saw.b.	alive on	une Jul- 4	/219
deceased (mo., day, y		t. 11	1870	dau		death		DURATION
8. AGE: Years								
76	9	21	hrs.	min.	Chr	Myour	55	Glas
9. Birthplace	reencast	le, F	canklin.	Co. Pa.	Due to		,	
tB. Usual occupation					as	sur sel	1199	
					Bue to			
tt. Industry or business Own Home							***************************************	
12. NameR.			Wolf		Other conditions			
	Mt. Tab	or Md.	Ser in the			lude pregnancy within 3 r	months of death)	
14. Maiden name Lydia Summers 15. Birthplace Huyetts Md.								
E Birthalass	Huy				Major findings of operations			
18. informant Walter A. Myers					Autopsy results			
Address Hagerstown R # 2								
Burial (Burial, cremation, or removal, Which?) Bate thereof 7/5/47 (month) (day) (year)					22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide			
Cemetery or crematory Dunkard Cemetery						(City or town)		(State)
Location Breadfording Md.					Injured at home, farm, Industry, public place (where?)			
tB. Funeral director. Andrew K. Goffman					Means of Injury		injured at work?	
Address Hagerstown Md.					N.	8/1/1	16	
9 9	3 .17	10	MIN	Selal	23. SIGNATURE		м. 1	or other
19. (Date rec'd by re	gistrar)			Registrar	Address	nustra .	Date signe	1/3/47



2411 N. Charles St., Baltimore

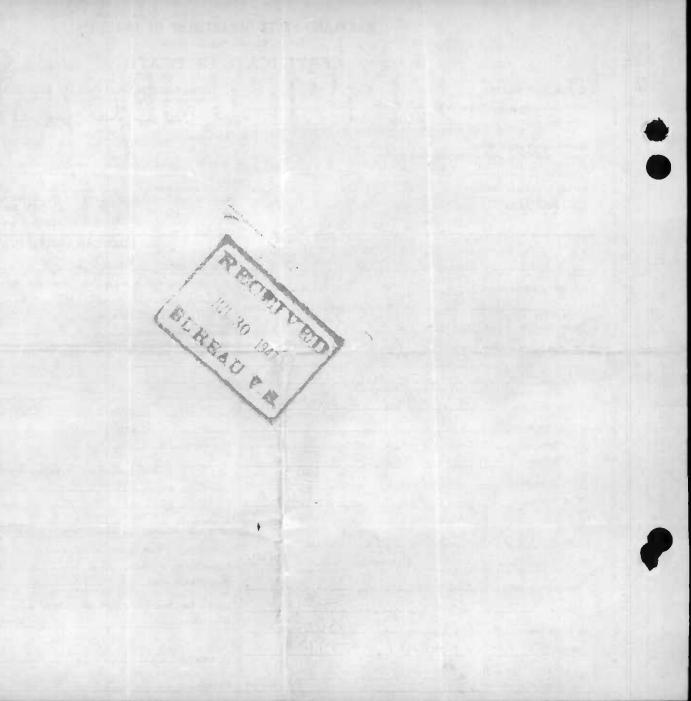
CERTIFICATE OF DEATH

06365 174 Reg. Diat. No....

I. PLACE OF DEATH:	(For newborn infants give residence of mother)
County Crashanger	m - 1
Cily or town	State A Caryland County Washington
	City or town Ort Gries - Kirthel)
How long In above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. Kudanille Ind. K.
241- South focust St.	(If rural, give LOCATION)
How long In hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
James William	Nave nous
4. Sex 5. Color or face 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Man I was a series of	
Male Wille Widowed	20. DATE OF DEATH 2 1 - 19 47 at 5.20 A.
6.(b) Name of husband or wife Susan Crider	21. I CERTIFY that death occurred on tile date above stated; that I attended deceased from
C (A) Mallow along C.	July 6 1947, 10 July 27 1947
7. Birth date of	and that I last saw h. 1.77 alive on July 270 1947
deceased (mo., day, yr.) _ wly - 16 - 18 18	Immediate cause of death.
8. AGE: Years Months Days If less than one day	
69 0 11ihrsmin	and A smusting 2 who
£ 10.	
9. Birthplace (Town, county and state)	Due to Carelor Colores 10 grz.
(D. + 14 (2.1)	O view
10. Usual occupation	Oue to
11. Industry or business	
12. Name Joseph Nave	Other conditions
12. Name Surpline Evalund	Other conditions
	(Include pregnancy within 3 months of death)
14. Malden name. Marthe Roof.	
15 Birthplace Tradian Shopeing	Major fiadiugs of operatious.
110. Billiplace Macous Spaces 1709	- Date of op.
16. Informant tacol K. V. Malle	Autopsy results.
Address 241 S. Locust St. Dagerstone md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Barian 1 29 194	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal. Which?)	Accident, suicide, or homicide
Cemetery or crematory Brousbus Cemetary	Where did injury occur?
B. 1 5.1.	
Location	Injured at home, farm, Industry, public place (where?)
18. Funeral director San House	Means of Injury Injured at work?
Address Booulns md	4001.00
	23. SIGNATURE COM 2 10 - couldent m
19 July 28. 194) - Brown Jowers	M. D. or other
(Date rec'd by registrar) Registrar	Address 1 Och Wag Par St Date signed 20 Lul 147
	A viguetion they

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING



FOR BINDING

RESERVED

MARGIN

MARYLAND STATE DEPARTMENT OF HEALTH &

CERTIFICATE OF DEATH

			2411 N. Cha	rlea St., Baltimore 480		
/			CERTIFICA	TE OF DEATH	Reg. Dist. No	302
City or town	eshington agerstown butside city or town lin of death? street address where d ast Antie	lite, write l life leath occurre	RURAL and give nearest town)	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State		
3. (a) FULL NAM	Evelyn	May	Negley		3. (b) Social Securit None	ty Number
4. Sex Female	5. Color or race White	6.(a)Sing	e, married, widowed, or divorced Married	MEDICAL CERTIFICATION EDT 20. DATE OF DEATH. July 16. 1947. 19 21 2		A
7. Birth date of deceased (mo., day, y 8. AGE: Years 34	May 5		c) If alive, give ageyes If less than one day hrsmi	and that I last saw h	July 15	19.7 DURATION
10. Usual occupation 11. Industry or busines	Home D	uties	ty Maryland	Due to		
13. Birthplace	Bessie	d Hose	<u> </u>	Other conditions (Include pregnancy within 8 months of death) Major findings of operations.		
16. Informant Roll	E. Anti	ton Netam	ègley St. Hagerstown	Antopsy results. NO Antopsy results. NO PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following:		
Cemetery or cremato		Have	n Cemetery ryland	Accident, suicide, or homicide		
	erstown		s Vland Extrovers	23. SIGNALINE Rules	Injured at work? Described M. I. Selection of the selec	u D



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VS A15

MARYLAND STATE DEPARTMENT OF HEALTH, X

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

4

06367 No. 30

Reg. Diat. No. ...

1. PLACE OF D			2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of m	DECEASED:	
		unty	state Maryland county Washington		
City or town	f outside city or town l	mits, write RURAL and give nearest town)			
		yrs	City or town Williams.port. (If outside city or town limits,	write RURAL and give nearest town)	
Hospital, Institution,	or street address where	death occurred:	Street No. 28 E Frederick St		
		St.	(If rural, give I	OCATION)	
How long in hospital	or institution?4	5 yrs	2.(a) If veleran, name war None		
3. (a) FULL NA	ME			3. (b) Social Security Number	
	e Lester	Newcomer		214.16-0739	
4. Ser	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male	White	Widowed	20. DATE OF DEATH TELLY #		
		Robinson Newcomer	21. I CERTIFY that death occurred on the date above		
d	leceased	6.(c) If alive, give ageyears	Man 1 194		
7. 6irth date of deceased (mo., da	y, yr.) Oct. 1	0 1864	and that I last saw h. Adam. alive on		
	ars Months	Days If less than one day	Immediate cause of death		
62	8	24		rungs 6 ms	
Life State of the	Hilliamano				
9. 6irthplace	Villiamspo (Town.	county, and state)	Due to		
10. Usual occupation	Painter	& Paper Hanger			
		ng & Papering	Due to		
		wcomer			
12. Name	Fairview	Mt. Md.	Other conditions		
			(Include pregnancy within 3 m	onths of death)	
	Emma Ar		Major findings of operations		
2 15. Birthplace	Williams	port Md	major natural or operation		
		Newcomer	Antensy results.		
	liamsport		PHYSICIAN: Please underline the cause to wbi	ch death sheuld be charged statistically.	
			22. VIOLENCE: tf death was due to external caus	es, fill in the following:	
17. Buria	on, or removal. Which?	Date thereof. July 7 1957 (month) (day) (year)	Accident, eulcide, or homicide	Date of	
		awn Cemetery	Where did injury occur?(City or town)		
	liamsport		Injured at home, farm, todustry, public place (whe	Injured at work?	
18. Funeral director	Edith V	Lear	Meens of Injury	INJUICU AL MUINT	
Address #7	Church St	. Williamsport, Md.	2006	3	
47/		0 0 1 0 00	23. SIGNATURE	M. D. or other	
19. (Date rec'd by	19. 4. 7 registrar)	Registrar	Address Welliams Sont	Ma Date signed 7/8-/47	



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PLEASE WRITE

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

775 06368 Reg. Dist. No. 302

/						
1. PLACE OF	DEATH:	*** 7			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
County		27 127 144 147 136 137 157 158 156	hingt	Nago-		
City or town	ager	stown	Mar	land .	State Maryland County Washington	
(II Outside city of town timits, write town and give hearest town)					City or town Hagerstown (If outside city or town limits, write RURAL and give nearest town)	
How long in above place of death?					(If outside city or town limits, write RUKAL and give nearest town)	
Washington County Hospital					Street No. 835 Oak Hill Avenue	
How long in hospi			3 hour	rs ·		
		ution?			2.(a) It veteran, name war.	
3. (a) FULL N	AME				3. (b) Social Security Number	
				Oswald		
4. Sex	5, 0	color or race	8.(a)\$ing	zle, married, widowed, or divorced	MEDICAL CERTIFICATION	
Male	T	hite	Ma	arried	20. DATE OF DEATH July 26 19 47 21 12:30 f	
	Land on will	Mar	y Sha	le Oswald	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from	
6.(0) Name of nus	Danu or wil	· · · · · · · · · · · · · · · · · · ·		(c) It alive, give age 75	June 17 1947, 10 July 26 194	
7. Birth date of					and that I last saw h. I alive on July 24 19.47	
deceased (mo.,	day, yr.)	Febru	ary 1	, 1866	Immediate cause of death	
8. AGE:	Years	Months	Days	tt less than one day	Cardiac dilitation 7/25/4	
	81	5	25	hrs.		
	Harr	ratow	n Wa	sh Co Md.	Myorarditio Chr ?	
9. Birthpiace	1146	(Town	, eounty, and	sh. Co. Md.	Due 10.	
10 Havel ecoung	lion (lerk	of Co	urt		
				••••	Due to	
11. Industry or bu		73	^	7.7		
				ald	Other conditions.	
13. Birthplace	Car	retown	, Was	a. Co. Md.	(Include pregnancy within 3 months of death)	
Maiden s	ame I	lary E	- Gum	bert aryland , Jr.		
E Ta. maiden	Hoo	rarato	wan M	hralma	Major modings of operations.	
≥ 15. Birthpiaci	TTOPE	561300	man and	alytanu	Date of op.	
t6. Informant	Edv	vard O	swald	, Jr.	Autopsy results.	
Address	Hage	erstow	n. Ma	ryland	PHYSICIAN: Please nuderline the cause to which death should be charged statistically.	
					22. VIOLENCE: It death was due to external causes, till in the following;	
Burial, crem	ation or r	emoval. Which	Date th	7-29-47 (month) (day) (year)	Accident, suicide, or homicide	
		Dogo		Cemetery	Where did Injury occur?	
Cemetery or cr				aryland		
Location					Injured at home, farm, industry, public place (where?)	
t8. Funeral direc	tor	. M.	Suter	& Sons	Mssns of Injury Injured at work?	
Address			wn, M	aryland	Hh Rosterlield med	
11 1	50	2 11	7 4	Las Holland	23. SIGNATURE M. D. or other	
19.	7	19.4.7 ar)		Regis	trar diding 136 W Washington Baje closed 7/28/4	



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore .

06492

CE	RIIFICALE OF DEATH Reg. Diat. No.
1. PLACE OF DEATH: County Washington City or town. Hagerstown R # 2 (If outside city or town limits, write RURAL and give How long in above place of death? 5 nonths Hospital, Institution, or street address where death occurred: Layman Nursing Home How long in hospital or institulion? 5 Mos.	City or town
3. (a) FULL NAME	3. (b) Social Security Number
MRS LEILA FIERY OSWALD 4. Sex 5. Color or race 6.(a) Single, married, widowe	None
4. Sex 5. Color or race 6.(a) Single, married, widowe	d, or divorced MEDICAL CERTIFICATION
Female White Widow	2D. DATE OF DEATH. July 28 1947 19 , 21 11
6.(b) Name of husband or wife George B. 6.(c) It alive, give ag	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
deceased (mo., day, yr.) March 6 1867	Immediate cause of death DURATION
8. AGE: Years Months Days tf less than o	Senelly 19ean
9. Birthplace	
	Diher conditions Olivations along Section.
12. Name Joseph H. Fiery 13. Birthplace Fairview Md.	Diher conditions (alexans)
	(Include pregnancy within 3 months of death)
14. Maiden name Mafy Ridenour 15. Birthplace Hagerstown Md.	Major findings of operations. Date of op.
16. Informant Miss Helen Heard	
Address Hagerstown Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Burial Date thereot 7/31 (Burial, eremation, or removal, Which?) Cemetery or crematory. Rose Hill Cemetery	(day) (year) Accident, suicide, or homicide
Hagerstown Md.	Injured at home, tarm, Industry, public place (where?)
18. Funeral director Andrew K. Coffman	
Address Hagerstown Md.	(11:1). Laymon h-12.
1 0 31.	23. SIGNATURE CO

Registrar | Address

MARGIN RESERVED FOR BINDING

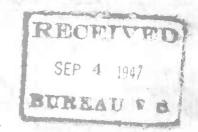
WITH UNFADING INK. Supply every item of information carefully. The comportant. Physicians: please write the causes of death clearly and legibly.

The correct ag

PLEASE WRITE PLAINLY,

19. (Date rec'd by registrar)

VS A15



PLEASE WRITE PLAINLY, is especially

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

940

06369

CERTIFICATE OF DEATH

eg. Dist. No. 30 2

	Washing Hagerst	own	RURAL and give nearest town)	State Maryland County Washington		
Hospital, institution, or s	adison A	death occurre	years d:			
3. (a) FULL NAME		d W.		2.(d) II veteran, name war	3. (b) Social Security None	y Number
4. Sex Male				MEDICAL 20. DATE OF DEATHJuly 25	CERTIFICATION 5, 1947 19 5	:,30 P.M.
6.(b) Name of husband or 7. Birth date of deceased (mo., day, yr-		6. ((c) It alive, give ageyears	21. I CERTIFY, that death occurred on the date	1947 10 7/2	19.4
8. AGE: Years 78	Months 4	Days 6	It less than one day	Immediate cause of death	orelusion	DURATION
11. Industry or business		***************		Due to		2 week
12. Name			d	Other conditions	n 3 months of death)	
15. Birthplace	• Ida Ca	ssid j	<u> </u>	Aotopsy results PHYSICIAN: Please underline the cause to	Date of op	
Buria: (Burial, cremation, Cemetery or crematory	l or removal. Which?) Par	Date then	Hagerstown, Md. July 28 194 (month) (day) (year) d Cemetery Maryland	Where did injury occur?	vn) (County)	(State)
Address Hand	Snyder		and d. Cast Bowers	23. SIGNATURE	Injured at work?	m. D.



2411 N. Charles St., Baltimore

Dr. Conrad 1.35

Washington

Reg. Diat. No..

302

TE OF DEATH

23. SIGNATURE

Address.

			CERTIFIC
City or town	hington igerstown outside city or town liz of death?	nits, write RU	JRAL and give nearest town)
Washin	gton cou	aty Ho	spital
3. (a) FULL NAM			
MRS K	A THERINE	DELAN	NAH RICE , married, widowed, or divorced
Female			Tarreid
	or wife. Arthu		
7. Birth date of	_{yr.)} June 2	23 100	of alive, give age
deceased (mo., day,) 8. AGE: Years	yr.) Suite 2	Days	if less than one day
42	0	21	hrs
10. Usual occupation	House S Own H	ewife Home	L Co. Md.
	hn Henry	Horin	ie 🚜
13. Birthplace	Gadsden 1	renn.	
13. Birthplace	Gadsden 1	renn.	
13. Sirthplace 14. Maiden name. 15. Sirthplace	Gadsden Lugenia Myers	Tenn. a M. H ville	arp Md.
13. Birthplace 14. Maiden name. 15. Birthplace 16. Informant	Gadsden Lugenia Myersv rthur Lee	Tenn. A. M. H ville Rice	Md.
13. Birthplace 14. Maiden name. 15. Birthplace 16. Informant	Gadsden Lugenia Myersv rthur Lee Hagerstov	Tenn. M. H wille Rice vn Md.	Md.
13. Birthplace 14. Maiden name. 15. Birthplace 16. Informant	Gadsden S Lugenia Myersv rthur Lee Hagerstov 1	Fenn. a M. H wille Rice vn Md. Bate there	Md. 7/17/47 (month) (day) (year
13. Birthplace 14. Maiden name. 15. Birthplace 16. Informant	Gadsden S Lugenia Myersv rthur Lee Hagerstov 1 , or removal Which?) or, Mt. Zior	Fenn. A. M. H ville Rice vn Md. Bate there n Evan	Md.
13. Birthplace 14. Maiden name. 15. Birthplace 16. Informant	Gadsden S Lugenia Myersv rthur Lea Hagerstov l orremoval Which? orremoval Which? Myersvill	Fenn. A. M. H ville Rice Nate there Evan Le Md.	Md. 7/17/47 (month) (day) (year

Hagerstown (If outside city or town limits, write RURAL and give nearest town) 104 Greenmount (If rural, give LOCATION) 3. (b) Social Security Number None MEDICAL CERTIFICATION Noon July 14 1947 20. DATE OF DEATH..... 21. I CERTIFY, that death occurred on the date above stated: that attended deceased from DURATION (Include pregnancy within 3 months of death) Major findings of operations..... PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, sulcide, or homicide..... Where did injury occur?(City or town) Injured at home, farm, industry, public place (where?) ... Injured at work? Means of injury

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

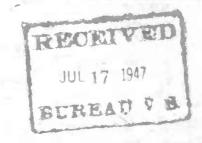
PLEASE WRITE

(Date red d by registrar)

MARGIN RESERVED FOR BINDING

UNFADING INK.

every item of information carefully. The correct age



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The cases of death clearly and legibly,

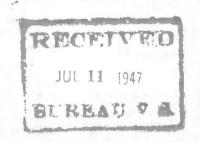
A15 SA MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

06371302

	Reg. Dist. No.
1. PLACE OF DEATH: County	(If outside city or town limits, write RURAL and give nearest town) Sirect No. Cave town Pike (If rural, give LOCATION) 2.(a) It veteran, name war.
4. Sex 5. Color or race 6.(a)Single, married, widowed, Male married	MEDICAL CERTIFICATION
6.(b) Name of husband or wife Flsie E. Ruck 6.(c) If alive, give age. 7. Birth date of deceased (mo. day v.) Feby. 12, 1905	21_I CERTIFY that death occurred on the date above stated; that I attended deceased from
8. AGE: 4 Years Months Days It less than one hrs.	Careinon a With metatecal Jyr
9. Birthplace Hagerstown-Wash. Co., (Town, county, and state) 10. Usual occupation Steward 11. Industry or business N. Am. Rod and Gun 12. Hame Samuel Ruck 13. Birthplace W. Virg	1 Club Due to
13. Birthplace W. Virgen to Mary Lloyd 14. Maiden name Mary Lloyd 15. Birthplace Hagerstown, Md. 16. Informant Mrs. Elsie Ruck Address Hagerstown, Md. R D 1	(Include pregnancy within 3 months of death) Major findings of operations Cd. Cc. in P. 12. d. 9.4. T. C. t. V. 12. d. 4. Se m. 1. n. n. n. n. n. d. 4. t. c. t. c. (e
17. Burial (Burial, cremution, or removal, Which?) Cemetery or crematory Broadfording Ceme Location Near Cearfoss, Md. ts. Funeral director. Fred W. Kraiss	Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?)
Address Hagerstown IId. 19. July 9. 19. 47 Chart 13.	BOURTH 23. SIGNATURE Land a . Affirm M. D. or other Registrar Address 2./4 N. Potoma S.T. Date signed J.V.J. F. M.



information carefully of death clearly and

every item of causes

import

PLAINLY (Burlal, cremation, or removal, Which?) WRITE A15 PLEAS SN (Date rec's by registrar)

MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore

E OF DEATH	Reg. D	ist. No. 3	20
2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of State. Maryland Coursel Hagers town (If outside city or town limits Street No. 28 Summer St. (If rural, give None 2.(a) If veteran, name war.	Washi 1 , write RURAL	ngton	rest town)
	3. (b) Soci	al Security l	Number
	213	-10-6	766
MEDICAL CE	ERTIFICA	TION	
20. DATE OF DEATH July 17 19	47	10	9.30
2t. I CERTIFY that death occurred on the date abo			
and that I last saw halive on			
mmediate cause of deathalive on			OURATION
mmediate cause of death		****************	UURATION
acute coronary	occlusi	on	***************************************
ue ta			******************
ue 10			
ue 10			
	•••••		***************************************
ither conditions	••••••		••••••
Other conditions (Include pregnancy within 3 r	nonths of death		
ther conditione	nonths of death		
Other conditions	nonths of death	of op	
(Include pregnancy within 3 r	nonths of death	of op	
(Include pregnancy within 3 r Major findings of operations	nonths of death Date Sich death shoul	of opd	statistically.
(Include pregnancy within 3 r Major findings of operations	nonths of death Date Sich death shoul	of opd	statistically.
(Include pregnancy within 3 r Lajor findings of operations. Antopsy results. PHYSICIAN: Please underline the cause to which the cause the cause to which the cause the cause to which the cause to which the cause to which the cause t	nonths of death Date sich death shoul ses, fill in the fo	d be charged :	statistically.
Other conditions	nonths of death Date sich death should be seen the seen (Counter P)	d be charged :	statistically.

CERTIFICA

eity or town limits, write RURAL and give nearest town)

Hospital, Institution, or street address where death occurred:

North Amer. Cement Corp.

7Hours How long in hospital or institution?.

3. (a) FULL NAME

1. PLACE OF DEATH:
Washington

JOSEPH ELIJAH SHAMBAUGH

Male White Married

Autumn

July 22 1877 deceased (mo., day, yr.) 8. AGE:

69

9. Birthplace Magnolia Morgan Co. W. Va.
(Town, county, and state)

Asst. Operator 11. Industry or businees No. Amer Cement Corp Pow

12. Name Albert Shambaugh
13. Birthplace Magnolia W. Va.

14. Maiden name Virginia W. 15. Birthptace Magnolia W. Va. 14. Maiden name. Virginia Wissner

16 Informant James L. Shambaugh

Hagerstown Md.

Rose Hill Cemetery

Hagers town Md.

Andrew K. Coffman

Hagerstown Md.



1. " on 1

PLEASE WRITE

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

t						159
		M.	ARYLAND STATE DE	EPARTMENT OF HEALTH		6373
,			2411 N. Charl	es St., Baltimore 9500		
			CERTIFICAT	TE OF DEATH	Reg. Diat. No	302
1. PLACE OF	DEATH:			2. USUAL RESIDENCE (HOM	IE) OF DECEASED:	
County	Was	shington	1	(For newborn infants give reside	ence of mother) County Washing	ton
City or town	Hagerstown	mita, write RURA	Land Land give nearest town)	state Maryland	County	0011
How long in above p	lace of death?	years		City or town. Hagersto	n limits, write RURAL and give n	nearest town)
	or street address where		e t		ranklin Stree	t
1477	al or institution?	jan alisatus een estaati e tiste aaligen etaati e t		2.(a) If veteran, name war	Not the second second second second	
3. (a) FULL NA					3. (b) Social Security	y Number
	John	c. Sha	annon			
4. Sex	5. Color or race	6.(a)Single, ma	rried, widowed, or divorced	MEDICA	L CERTIFICATION	_
Male	White	Wie	lower	20, DATE OF DEATH Gul	7 18 1947	7 at 1148
	and or wife Carr	ie G. S!	nannon	21. I CERTIFY that death occurred on the	date above stated; that I attended de	ceased from
			alive, give ageyears	- /	1947 10 July	18 19 4
7. Birth date of deceased (mo., d	757-	19, 18		and that I tast saw have alive on	guly 1/2	197
	ears Months		fless than one day	Immediate cause of death	Z	DURATION
7	6 4	0	hrsmin.	Flear	Block	
9. Birthpiace	It. Holly	Springs county, and atate	. Pa.	Due to.		Z mos.
10. Usual occupati	Macha	nic	,	100	•••••••••••••••••	
t1. industry or bus	018			Due to		*****
	ames Shan	non		Bther conditions 72		
12. Name	Cumberlan	d Count	V. Panna.		***************************************	
# 14. Maiden na	me Delia S	heetz			ithin 3 months of death)	
	Adams Co			Major findings of operations		
16. Informant	James G.	Shanno	n	Antopsy results		
Address	Hagerst	own, Ma	ryland	PHYSICIAN: Please underline the cans		ed statistically.
	rial tion, or removal. Which?	Date thereot	7-20-47	22. VIOLENCE: It death was due to exte		
(Burial, crema	tion, or removal. Which?	77 9	(month) (day) (year)	Accident, suicide, or homicide		
			ing Cemetery	(City or Injured at home, farm, Industry, public p		(State)
Location			Pa.	Means of injury	fajurest at work?	
tB. Funeral direct			ons	OHA.	alex	0
Address	Hagersto	wii, Mar	yrand	23. SIGNATURE CORES	Munall	D, or other
19. July	9. 19.47 y registrar)	1 pro	LPF7. Tower	Alakar to	· land	7/10/167
Date rec'd b	y registrar)		Registrar	Address	Date signe	1



CERTIFICA	TE OF DEATH Reg. Dist. No. 30 2
PLACE OF DEATH: Inty or town (If outside city or town limits, write RURAL NEAR and give town) et address, hospital, or invillution: Z 4 6 1 is guin a Cure	2. USUAL RESIDENCE (HOME) OF DECEASED: (Ear pewborn infants give residence of mother) State County County County Ward No. (If obtside city or town limits, write RURAL NEAR and give town) Street No. 2. 100 Lacanas Sand
In hospital or inst. (vrs. or mas. or days) Tuotio	(Isomol give LOCATION)

Stre AbnE Stay in this community (yrs., or mos., or days) 2(a) IF VETERAN, NAME WAR 3. (a) FULL NAME 3. (b) Social Security Number 4. Sex 5. Color or race MEDICAL CERTIFICATION 20. OATE OF DEATH deceased (mo., day, yr.) DURATION 8. AGE: Years (Town, county, and state) 10. Usual occupation 11. Industry or business (Include pregnancy within 3 months of death) PHYSICIAN Major tindings: Of operations Please underline the cause to which death should be

Address

18. Funeral director-

Address (Date rec'd by registrar) Registrar 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide Where did Injury occur?. (City or town) (County) (State)

charged statisti-

Injured at home, farm, Industry, public place (where?) Means of Injury Injured at work?

23. SIGNATURE

VS A15

MARGIN RESERVED FOR BINDING

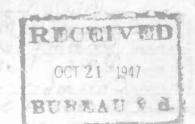
Every item of information should carefully be write the causes of death clearly and legibly.

UNFADING INK.

PLEASE WRITE PLAINLY, WITH U correct age is especially important.

City

CENTRAL OF STATE



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FOR BINDING

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MARGIN



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

//			CERTIFICA	IE OF DEATH Reg. Dist. No.	02
City or town	cerstown lide city or town lide city or town lide city or town lide city or town lide address where lashing titulion?	mits, write i Year death occurre	t ,	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County Washing to Cily or town Mashing to Hagerstown (If outside city or town limits, write RURAL and give neared street No. 153 W. Washington St. (If rural, give LOCATION) 2.(a) It veteran, name war. 3.(b) Social Security N 235-12-139	est town)
4. Sex 5.	white	6.(a)Sing	e, married, widowed, or divorced Married	MEDICAL CERTIFICATION 20. DATE OF DEATH July 20, 1947 1:30 A.	EDT.
	•••••••	6.(Staubs c) If allve, give ageyears	21. I CERTIFY that death occurred on the date above stated; that I attended deceas	ed trom19
deceased (mo., day, yr.)	Sept.	8, 18	387	Immediate cause of death	BUBATION
8. AGE: Years 59	Months 10	Days 9	it less than one dayhrs,min.		DURATION
10. Usual occupation	onstruc	tion	M. Va. State) Employee	Due to	
12. Name Arr 13. Birthplace W			1	Other conditions	•••••••
14. Maiden nameM W 15. 8irthplace W	ary Eli est Vir	zabei	th Edwards	(Include pregnancy within 3 months of death) Major findings of operations	
16. Informant Haze	1 Orcet	t		Actorsy results	atistically.
17. Burial (Burial, cremation, or r	emoval, Which?)	Date then	of St. City/ leof July 22 194 (month) (day) (year) Grove Cemetery 1. W. Va.	22. VtOLENCE: tt death was due to external causes, fill in the following: Accident, suicide, or homicide	(State)
			ss.	Means of Injury Injured at work?	
Address Hager			0 11	23. SIGNATIVE POLICY WASH C	
19. (Date rec') by registre	2. 19 4 7	6	Eagh Bowers Registrar	Address Lagrand M. D.— Address Lagrand M. Date signed M. Date signed M.	-

MARGIN RESERVED FOR BINDING

UNFADING INK. Supply every item of information carefully. The correctage ant. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, is especially A15 NS



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

None

19 47 7.10A

MEDICAL CERTIFICATION

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 6/30/47

	Neg. Diec. 110
PLACE OF DEATH: Washing ton yor town Hagers town (Ifoutside city or town limits, write RURAL and give nearest town) w long in above place of death? 4 Weeks spital, institution, or street address where death occurred: Washing ton County Hospital w long in hospital or institution? 4 Weeks	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County Washington City or town Millians Of t (If outside city or town limits, write RURAL and give nearest town) Street No. Clearspring (If rural, give LOCATION) 2.(a) If veteran, name war. No.ne
(a) FULL NAME	3, (b) Social Security Number

3. (a) FULL NAME MRS MARY SALOME STRALEY

6.(a) Single, married, widowed, or divorced 5. Color or race

Female White Widow Joseph Stralev

March 17.1862

information carefully of death clearly and

MARGIN RESERVED FOR BINDING

deceased (mo., day, yr.) 8. AGE:

If less than one day

Mercersburg, Franklin Co. Pa.
(Town, county, and state) House Wife 10. Usual occupation.....

Own Home 11. Industry or business 12. Name William C. Clark

13. Birthplace Mercersburg Pa.

Ellen M. Shafer

Mercersburg Pa. Mrs Miles Marsh

Williamsport Md.

Cemetery or crematory River View Cemetery Williamsport Wash. Co. Md.

Andrew K. Coffman Hagerstown Md.

(Date rec'd by registrar)

(Include pregnancy within 3 months of death)

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following

Injured at home, farm, Industry, public place (where?) .. Means of Injury



CEDTIFICATE OF DEATH

	2411 N. Char	lee St., Baltimore	00000
/	CERTIFICA	TE OF DEATH	eg. Diet. No. 302
1. PLACE OF DEATH: CountyWashington County City or town Paramont Nd (If outside city or town limits.) How long In above place of death? Killed Hospilal, Institution, or street address where death W. M. R. R near Pa How long In hospilal or institution? Kill	write RURAL and give nearest town) by train occurred:	2. USUAL RESIDENCE (HOME) OF DECEA (For newborn infants give reaidence of mother) State Maryland County Was City or town Williams port Mary (If outside city or town limits, write Ri Street No. Church St. William (If rural, give LOCATIO 2.(a) If veteran, name war. World War #2	hington land URAL and give nearest town) sport, M d
3.(a) FULL NAME Paul Oscar Summer	S		Social Security Number
4. Sex 5. Color or race 8.	(a)Single, married, widowed, or divorced Married	20. DATE DE DEATH July 5	CATION
29 8 9. Birthplace Frederick Co. (Town, coun		21. I CERTIFY that death occurred on the date above stated: 19	19
14. Maiden name. Bertha Ho 15. Birthplaco Frederick C 16. Informant. Sarah Ella S Address Church St. Wil	oper o. Maryland ummers liam sport, Md. Date thereof July 8 1947 (month) (day) (year) n Cemetery	(Include pregnancy within 8 months of Major findings of operations	should be charged statistically. the tollowing; Date of

MARGIN RESERVED FOR BINDING

VS A15



PLEASE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

166

06378

CERTIFICATE OF DEATH

Reg. Diat. No. 301

City or townRu (1) How long in above pla Hospital, institution, How long in hospitat 3. (a) FULL NA	or street address where or institution? ME Cha	lliam imits, write l death occurre	sport d: Terzian	2. USUAL RESIDENCE (HOME) OF (For newborn Infants give residence of the Maryland Country of town Hagers town (If outside city or town Ilmits Street No. 247 S. Potomac (If rural, give 2.(a) if veteran, name war.	write RURAL and give no St. LOCATION) 3. (b) Social Security	Number
4. Sex	5. Color or race		le, married, widowed, or divorced		ERTIFICATION B	etween 1:30 & A
Male	White		Single		28 1947	2:15
6.(b) Name of husba	nd or wife			21. I CERTIFY that death occurred on the date abo	ve stated; that I attended dec	EDST
			(c) tf alive, give ageyears	19		
7. Birth date of deceased (mo., day	y, yr.) Noven	nber	24 1898	and that I last saw halive on		
0	ars Months	Days	If tess than one day	Immediate (Arise of desire		DOUGLEN
48	8	4	hrsmin.	Gun shot thru ch	neek and	
10. Usual occupation 11. Industry or busin		lone lone Terz	ian ian	Due to (shock) Due to (shock)		
13. Birthplace HI 14. Malden nam 15. Birthplace	Armenia Akhsa I Armenia		yian	(Include pregnancy within 8 m		
Address	hambersbu	irg	Pa.	Antopsy results. Antopsy results. PHYSICIAN: Please underline the cause to whe	nich death should he charged	
Cemetery or crem	on, or removal. Which Rest I	Iaven	July 31, 1947 (month) (day) (year) Cemetery	Accident, suicide, or homicide. Where did injury occur? 25 erst (City or town)	Date of County)	(State) 0
Location	Hagerstov	m	Md.	Injured at home, farm, industry, public place (wi	here? lleaning	1/1ke
19. Funeral director	Scott I	. Min	mich & Son	Means of Injury 45	Injured at work?	EDICAL EXAM.
Heeloos	Hagersto		Md.	23. STENATURE! A Stude M		co., MQ.
19) 19.47 registrar)	7/	Mrs. E. Lee M. F. Elroy Registrar	Address Nagaratanon	M. D. Date signed	7/29/47



VS A15

(Date rec'd by registrar)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore CERTIFICATE OF DEATH

93d

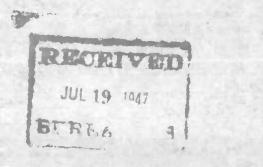
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Reg. Diat.	No.	L	0	Comme

..... Bate signed.

1637457

V		
I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
County Washington County Hospital		
City or town Hagerstown Md (If outside city or town limits, write RUKAL and give nearest town)	state Pa County Franklin	*************************
How long to ebove place of death? 1.day	City or town R3. Marcarshung. Daniel RukaL and give ner	rest town)
Hospital, Institution, or street address where death occurred:	Street No.	
King Street	(If rural, give LOCATION)	
How tong In hospital or Institution?	2.(a) If veteran, name war	
3. (a) FULL NAME	3. (b) Social Security	Number
TRANK LEWIS T	Homas. home	
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
male white Midower	28. BATE DF BEATH OULY 16 1947	8:53P
6.(b) Name of husband or wife wife dead	21_ICERTIFY that death occurred on the date above stated; that trattended dece	ased from
	SEDT: 14 1943, 10 JULY	16 19 47
7. Birth date of	and thet I last saw h. malive on Johy 16	19.47
deceased (mo., day, yr.) 8. AGE: Years Months Bays If less than one day	Immediate cause of death	BURATION
	CLORONARY OCCLUSION	
70 3 2hrsmlo.	DEOFE	48/ms
9. Birthplace (Town, county, and state)	Bue to CLRTERIOS CLEROTIC	2
The Day of	HEART DISEASE	
10. Usuat occupation	-Bue tu	
11. Industry or business		
E 12. Name	Bther cooditions Cholalithiasis	
13. Sirthplace Sultery Co Fo	(Include pregnancy within 3 months of death)	
E 14. Maiden name 1010 turkort	Major findings of operations.	
14. Maiden name Tous Burhout 15. Birthplace Franklin & P.		Jone.
16. Informan James Thomas	Antonsy results Dame.	***************************************
Address Greenersburg Po R.D. =	PHYSICIAN: Please underline the cause to which death should be charged	statistically.
But by the first of the state o	22. VIOLENCE: tf death was due to external causes, filt in the following;	
(Burial, cremation, or removal, Which?) Bate thereof (month) (day) (year)	Accident, suicide, or homicide	***************************************
Cemetery or crematory Fine Grand Merceroloug R. R.D.	Where did injury occur?	(State)
Location	tnjured at home, farm, industry, public place (where?)	•••••••
18. Funeral director This Lininger	Means of Injury Injured at work?	
91 1 0	0.00	
Address Mireus burg Venua.	23. SIGNATURE Cuchiel Tober Con	w
" Well. 17: "47 Charlost Lawers	M.D.	College College

Address..



THE RESERVE OF THE PARTY OF THE

Stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPA. LY, WITH UNFADING INK-THIS IS A PERMANENT REC FOR BINDING TION is very important. See instructions on back of certificate. MARGIN RESERVED mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may be -WRITE PL

V. S. No. 1

County Village or City Village or City Village or City or town where death occurred in a horpital or institution, give its NAME instead of street and number death of residence in city or town where death occurred in a horpital or institution, give its NAME instead of street and number death occurred in a horpital or institution, give its NAME instead of street and number death occurred in a horpital or institution, give its NAME instead of street and number death occurred in a horpital or institution, give its NAME instead of street and number death occurred in a horpital or institution, give its NAME instead of street and number death occurred in a horpital or institution, give its NAME instead of street and number death occurred in a horpital or institution, give its NAME instead of street and number death occurred in a horpital or institution, give its NAME instead of street and number death occurred in shorpital or institution, give its NAME instead of street and number death occurred in shorpital or institution, give its NAME instead of street and number death occurred in shorpital or institution, give its NAME instead of street and number death occurred in shorpital or institution, give its NAME instead of street and number death occurred in shorpital or institution, give its NAME instead of street and number death occurred in shorpital or institution, give its NAME instead of street and number death occurred in shorpital or institution, give its NAME institution, give its NA	PLACE OF DEATH	MARYLAND-	-CERTIFICATE C	DEATH OF	6380
Village or City Length of residence in city or town where death occurred Length of residence in city or town where death occurred Length of residence in city or town where death occurred VIS. (If death occurred in a horpital or institution, give its NAME instead of street and number of the	in the second			2.0	317
Length of residence in city or town where death occurred. Length of residence in city or town where death occurred. 2. FULL NAME (a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCED (orgite the word) St. Ward. (Month) (Day) 193/ 22. 1 HEREBY CERTIFY, Let I standed deceased last worked at this occupation (month and year) 10 North Color of the contributory Causes of importance: St. Ward.	17		***		
Length of residence in city or town where death occurred. 2. FULL NAME (a) Residence: No. (bull place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCED ("motic the word) 6. If married, widowed, or divorced HUSBAND of (or) Wife of Cory Wife of 8. If married, widowed, or divorced HUSBAND of (or) Wife of 8. If married, widowed, or divorced HUSBAND of (or) Wife of 8. If age Years Months Days If LESS than 1 day,hrs. ormin. 1 day,hrs. ormin. 8. If age, profession, or particular kind of work done, as SPINNER with the control work was done, as SPINNER with the control work was done, as SPINNER with the control work was done, as SPINNER SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SPINNER SAWYER, BOOKKEPER, etc. 10. Date deceased last worked at this occupation (month and year) Other Coatributory Causes of importance: Other Coatributory Causes of importance:	Village of City	veels of (If death occurred in a hospital or institution	n, give its NAME instead of stre	St.,Ward
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5a. If married, widowed, or divorced HUSBAND of (or) WIFE	Tale white		21. DATE OF DEATH	(Month) (Day)	193//
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day, hrs. or min. 8. Trade, profession, or particular kind of work done, as SPINNER BLANCE SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spant in this occupation Other Coutributory Causes of importance:	HUSBAND of	2 111	22 4 1 11 2 2 2 2 2		VIA.
7. AGE Years Months Days If LESS than 1 day, hrs. or min. 8. Trade, profession, or particular kind of work done, as SPINNER BLAND SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, BLAND SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) Other Coutributory Causes of importance:	(or) WIFE of Ida M. 6	ordell	Hoy IN	CERTIFY, BORT B	ended deceased from
7. AGE Years Months Days If LESS than 1 day, hrs. or min. 8. Trade, profession, or particular kind of work done, as SPINNER BY BY BY BY BY WORK Was done, as SILK MILL, BY WORK Was done, as SILK MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) Other Coutributory Causes of importance:	TE OF BIRTH (month day and year) 100	10 1864	I last saw h alive on	The VO	9. 4.7: death is said
8. Trade, profession, or particular kind of work done, as SPINNER BURK BURK BURK SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, BURK SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) Other Coutributory Causes of importance:			-	01	Jana death is said
8. Trade, profession, or particular kind of work done, as SPINNER BY ORK BULLA CASCLARAGE 9. Industry or business in which work was done, as SILK MILL, Blackward 5 SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) Spant in this occupation Other Coutributory Causes of importance:	83		The PRINCIPAL CAUSE OF DEATH		e
year) Other Coutributory Causes of importance:	8. Trade, profession, or particular	11 12 12 1 1 1 1 1 1 1	were as tonows.		Date of enset
year) Other Coutributory Causes of importance:	SAWYER, BOOKKEEPER, etc	IKK Receich	Carrino	ma of far	er 2
year) Other Coutributory Causes of importance:	9. Industry or business in which work was done, as SILK MILL,	anhewell.			
year) Other Coutributory Causes of importance:		11 Total time (years)			
Other Coutributory Causes of importance:	this occupation (month and	spent in this			
	100. 20	, 12.	Other Contributory Causes of importa	nce:	
(State or country)	(State or country)	200	(Morona)	0	2700
- 10 total and western k	00 1 11	Tales.	- como ves	ecores.	POFE
			No.		
		tires			
What test confirmed diagnosis? Was there an au'opsy 15. MAIDEN NAME About Value 23. If death was due to external causes (VIOL ENCE) fill in also the following:	5. MAIDEN NAME AMETA.	House,			
15. MAIDEN NAME 23. If death was due to external causes (VIOL ENCE) fill in also the following: 16. BIRTHPLACE (city or town) Date of injury 17. Maident, suicide, or homicide? Date of injury 18. Maident, suicide, or homicide?	6 RIDTHDI ACE (city or town)	inik			
(State or country) Where did injury occur?		A 1		Date of Injury.	, 19
17. INFORMANT Mac. Case M. Solutions Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	Man ala ma	histolal		(Specify city or town, county a	and State)
(Address) 1300-547-6612 MILE	(144	mil		tootki, in nome, or ar root	LIG FLAGE.
18. BURIAL CREMATION, OR REMOVAL Manner of injury	JRIAL CREMATION, OR REMOVAL	1 1 11	Manner of injury		
Appells ville Date July	Corner ville Un	Date July 7 , 19 7			
19. UNDERTAKER 6. H. Pull Bio 24. Was disease or injury In any way related to occupation of deceased? (Address) Branch Bio		Bio	24. Was disease or injury In any way		
O O O O O O O O O O O O O O O O O O O	0.00	0: 21 0: 00		Joe sed	9
20. FILED FILLY 1947 DOTTING LEER W. ACAROLTE Registrar. (Address) Street, Ballimore, Requesting U. S. No. 1.			(Address)	mercock	The M.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find

out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, me-

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car.	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		- Virginia	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastrocnteritis	1 year
		March of the delice	

ADDITIONAL SP.	ACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
----------------	---------	---------	------------	----	-----------

LINEADING INK. Supply every item of information carefully. The context ant. Physicians: please write the causes of death clearly and legibly

SA

especially

(Date rec'd by registrar)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

06381

M. D. or other

Date signed

/		CERTIFICA	TE OF DEATH	Reg. Diat. No	302
City or town	shing ton Hagers tow outside city or town is se of death? 4: or street address where 40 or Institution?	O R# 2 mits, write RURAL and give nearest town) 3 Years death occurred: REDETH WHITTINGTON 1 8.(4) Single, married, widowed, or divorced	State Maryland City or town Hagerstown (If outside city or town lim Street No. Western Pik (If rurul, gl 2.(a) If veteran, name war. None	County Washing to 1. R#2. its, write RURAL and give no security (b) Social Security None	earest town)
				CERTIFICATION	
Male	White	Widower	20. DATE OF DEATH. July 11.		
7. Birth date of deceased (mo., day, 8. AGE: Yea	yr.) Julyl: rs Months 3 O	6.(c) If alive, give age	and that I last saw it alive on	1-10-47	19
10. Usual occupation	Labore	county, and atūte)	Due to asked when		163-
11. Industry or busine			-	••••	
13. Birthplace	Winches	ter Va.	(Include pregnancy within		
16. Informant Walter G. Whittington			Antopsy results		
Address Hagerstown Md. R#2 17. Burial Date thereof 7/13/47 (Burlul, cremation, or removal, Which?) Cemelery or crematory Ross Hill Cemetery Location Hagerstown Md.			Where did injury occur? (City or town	Date of	(State)
		C.Coffman	511	1/	
Address H	lagerstown	Md.	1 /4/1	1	

Registrar

Address....



WRITE PLAINLY, WIT

A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

06382

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County Washington City or town Williamsport (If outside city or town limits, write RURAL and give nearest town) Street No. 107 N. Artizan St. (If rural, give LOCATION) 2.(a) If veleran, name war.
3.(a) FULL NAME Wary E. Winters	3. (b) Social Security Number
4. Sex 5. Color or race 6:(a) Single, married, widowed, or divorced Widowed The Widowed Widowed S.(b) Mame of husband or wife Edward F. Winters	MEDICAL CERTIFICATION 20. DATE OF DEATH
7. 8 Irith date of deceased (mo., day, yr.) April 30, 1865	and that last saw h alive on 20 9 deg DURATION
8. AGE: Years Months Days If less than one day 82 2 20	Due to.
11. Industry or business	Diher conditions D. Angles Conditions D. Diber conditions D. Angles Conditions D. Date of op.
Address William sport, Md. 17. Burill Date thereof July 23, 194 (Burial, cremation, or removal, Which?) Cemetery or crematory Riverview Cemetery Location Williamsport, Md. 18. Funeral director Fred W. Kraiss Address, Hagerstown, Md. 19. College 22, 19 7 College Cemetery Pate rec'd by registrar) Registrar	Actopsy resolts. PHYSICIAN: Please underline the cause to which death shootd be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide

